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MISSISSIPPI MEDICAL MONTHLY

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*THE INDICATIONS AND CONTRAINDICATIONS FOR CURETTAGE.

G. S. BRYAN M.D.,

AMORY.

When our president notified me that he had appointed me to prepare a paper on "The indications and contra-indications for curettage", I felt strongly inclined to ask to be excused from the duty. But when I re-read his letter and noticed that he said "I ask you for this paper because I know you will not disappoint me", I said to myself such confidence shall not go unrewarded. Had I been asked fifteen years ago to write this paper, I suspect that I should have found it less embarrassing than now; for then I could have mentioned indications for the procedure almost without number and I might have said "contra-indications, none—with the possible exception of pregnancy".

I quite well remember when I placed my first order for a curette—how anxiously I waited for it to come! And how I felt that some woman's life might be lost if there should be any undue delay in the shipment. I also remember how important I felt when it came. I felt that, in a sense, "the world was mine". But being, naturally, very bashful, I hesitated to resort to the use of my much-prized instrument after I had received it. When I began to find the cases in which the indications for curettage were so clear, I would hesitate and resort to constitutional or palliative measures and devoutly pray for forgiveness for my neglect of duty and also pray that I might be bolder in future.

In most of these cases my patients would respond to my conservative treatment and soon there would be no necessity for treatment of any kind. When case after case had been so handled and, as I then believed, so neglected, and I saw them get well or very much better without resort to curettage, I began to do some independent thinking. I began to suspect that either I could not recognize indications or that the advocates of the curette were over-zealous in their claims as to the

* Read before the East Mississippi Four County Medical Society.

absolute necessity for its use in many cases. I now believe that had I become "expert" in the use of the curette in the early days of my practice, I might have acquired some notoriety and added largely to my income, but I am sure some of my patients who are now well and perchance have "called me blessed" would have been invalided or possibly might have been sent to untimely graves.

From what I have already said it might be inferred that I condemn the curette unconditionally and recognize no indication for its use; but such is by no means true. I really think I have frequently seen good results from curettage and in some few instances I have seen cures, almost brilliant, follow the procedure, but whether they resulted from it or not I am not so sure. Since dilatation, the intra-uterine douche and packing so frequently go hand in hand with curettage, it is impossible to tell just how much is due to any one of these factors in the treatment.

But before we look for either indications or contra-indications, let us understand just what is implied by the term curettage. And again, let us not forget that there are two veiw-points from which to look at the operation: those of the obstetrician and the gynecologist respectively. J. Whitridge Williams defines the term as "the removal of the lining membrane of the uterus by the use of the curette". And he, speaking from the view-point of the obstetrician of course, laconically states that "the operation may be indicated in three conditions: incomplete abortion, imperfect involution of the puerperal uterus and certain cases of infection". I am inclined to accept the definition given by this eminent authority, but accepting his definition I am forced to repudiate, in part, his indications. In case of an incomplete abortion I do not see the necessity or the justification for removing the endometrium with a curette or with anything else. And Williams repudiates his own definition by recommending the use of the dull curette for the operation, and even then adds "it is far better to peel off the adherent placenta and membranes with one or two fingers". Once loosened, these structures can, of course, be removed with the fingers or the ovum forceps more satisfactorily than with the curette. Incidentally I will say that since the entire hand must be introduced into the vagina to accomplish this procedure, anesthesia is indicated in most cases. And after all it is only by the evidence of the well-trained finger that you can be sure you have entirely emptied the womb in such cases. Another reason for using the finger instead of the curette is the constant and grave danger of perforating the wall of the uterus, for it must be borne in mind that the uterine muscle becomes

very friable and consequently is very easily torn through, even under the most careful use of the curette. Fortunately it frequently happens that no serious trouble results from perforations during curettage, otherwise many deaths would have to be charged up to the use of the curette. But of course fatal peritonitis might result in the more markedly septic cases. Again, it sometimes happens that a loop of intestine drops through the opening, which, of course, necessitates a major operation. I know of one case where the gut was pulled down and cut off with scissors; and that too by men who were thought to be entirely competent. Imperfect involution, attended, as it generally is, with continued loss of blood is, perhaps, the most positive indication for the operation in obstetric practice and in my opinion these cases would never be encountered if the obstetrician would always see that no part of the placenta or membranes remained in utero. While many authorities have advised curettage in all cases of puerperal infection, I think the routine use of the curette in these cases is more dangerous than the original infection we are seeking to combat. I doubt exceedingly if we can often remove the focus of infection with the curette. Indeed we are likely to do harm rather than good by scraping away the leucocytic membrane that has been built up as a barrier against the bacteria. If the infection be streptococcic the lesions resulting from the use of the curette unquestionably offer new areas for infection. On the other hand if the trouble is the result of so-called putrefactive organisms, the use of the finger, as in incomplete abortion, is better and far safer than curettage.

Looked at from the view-point of the gynecologist, curettage presents a somewhat different picture. I think the procedure is more frequently indicated in this department of the healing art, but even here too much has been claimed and expected. But if we can bring ourselves to remember that even where curettage is indicated it, in most cases, is only a part of the treatment needed—that most of these cases imperatively need medical treatment in conjunction with curettage—I think it will be better for our reputations and incidentally better for our patients. I think that all cases of chronic endometritis not due to constitutional causes are to be treated with the curette—but we should not be too vigorous for the reason that if the entire mucosa should be removed it will not be replaced and permanent amenorrhoea will be the result. But for the peculiar arrangement of the endometrium in that it dips down, so to speak, into the muscular interstices, I am of the opinion this accident would occur much more frequently than it does; for many operators openly advise the removal of every vestige

of the membrane. I suppose that curettage is undertaken more frequently for the purpose of curing dysmenorrhoea than for any one other condition. If perchance the symptom is due to a purely local condition, prompt relief may be expected and promised. But in my opinion and according to my observation, the most troublesome cases of dysmenorrhoea do not yield to curettage, because they are due to constitutional rather than to local conditions. Dangerous hemorrhage due to the presence of neoplasms within the uterus demand that curettage be done, and lives have been sacrificed by neglecting to practice the procedure. I do not mean to claim that these conditions are permanently cured by curettage, but that waste of blood is stopped and the patient may be put in such condition as to warrant more radical operation.

As contra-indications I shall mention all cases of acute infection of the tubes, peri- and para-metritic tissues, as well as firm fixation of the uterus by inflammatory adhesions. It might be permissible to curette in the presence of some of these conditions where you intend to do an abdominal operation at the same time. Pelvic cellulitis, pelvic abscess and acute pus-tubes always forbid that curettage should be done. Of course no one would think of curetting a woman in whom extra-uterine pregnancy was even suspected.

Because of the fact that gonorrhoea is so destructive to health and is responsible for so much domestic infelicity, it would be advisable to curette and cauterize as well as to agonize if you could see a case in which you were sure the infection had extended no further than the cervix or even the lower part of the uterine body; for if this infection is ever allowed to reach the tubes we all know that salpingitis with its train of fearful symptoms and results is inevitable. But this is so remote a possibility that I have not included gonorrhoea as one of the indications.

I have not enlarged upon the contra-indications from the view-point of the gynecologist for the reason that, to me, they seem to be self-evident. If any member of the society should wish to ask me for a more definite statement or a fuller reason for any position taken I shall be glad to try to give it. I invite a free criticism of my positions and if you show me wherein I am wrong I shall be grateful to you. I thank you for your hearing.

The commencement exercises of the Medical Department, University of Mississippi, will take place May 20th., on which occasion the first medical degrees ever granted by the University will be conferred.

*FIBRINOUS PNEUMONIA IN AN INFANT.

B. S. HOOD M.D.,

BOND.

I may be due you an apology in presenting you with such a paper, a paper which you may consider uninteresting, and perhaps you may think of little significance; but to the young practitioner who has had no large experience it is, I think, of great importance. While I have had quite a number of cases of pneumonia in infants yet I have never had a case parallel with this one. Infant, nine months old, seen Dec. 20th., of last year. I did not examine the case thoroughly, but told the mother I thought the child had a severe cold. Was called back next morning, made a careful examination and diagnosed the case as one of fibrinous pneumonia, which involved the entire left lung and extended into the apex of the right lung. I found the child with a temperature of 102½° F., pulse 130, respiration 35. The child's condition remained about the same for four or five days with slight variations. On the sixth day the temperature jumped to 105½° F., pulse 140 to 160, respiration 40 to 60. The child was very restless, moving its head from side to side constantly, this being the only cerebral symptom noticeable; and the abdomen became very distended, much more so than I have ever seen in any other case of pneumonia. On the eighth day the temperature fell to 102° F., pulse to 120 to 130, respiration to 30 to 40. The temperature gradually declined until about the eleventh day it was normal, pulse 120, respiration 30, abdomen still distended and the cerebral symptoms still present. The child's facial expression was pale and anxious from the beginning. Percussion showed area of consolidation very distinctly. Palpation showed rough crepitus over front and back. Auscultation, crepitant rales very distinctly, also loud and sharp breath sounds. The crepitant rales and loud and sharp breath sounds began to subside on the ninth day. On the thirteenth day temperature rose to 101° F., pulse 130, respiration 40, the tympanites having never subsided at all.

On the fifteenth day all of these symptoms subsided with the exception of the abdominal distention which began to gradually subside.

On the eighteenth day the child was dismissed, parents being instructed to be very careful and bring me word every day how the child was doing.

Convalescence was unmarked and recovery seemed inevitable and in two or three days the child was playing. On the

* Read before the Harrison County Medical Society.

third day after dismissal the child was crawling around the floor and was apparently as well as ever. Face had acquired its natural color.

On the twenty-fifth day from onset of the disease, and seventh day from time of dismissal, the mother got up as usual about five o'clock to prepare breakfast and, after letting the child nurse, tucked it in bed and proceeded with her household affairs. She returned in about forty or fifty minutes and found the child dead; it seemed to have been dead twenty or thirty minutes.

I have not been able to satisfy myself fully as to the cause of death this long after apparent recovery. I will appreciate the relating of any similar cases, also the opinions of you gentlemen as to the most probable cause of the child's death.

As to treatment, I did not use a great amount of medicine. I depend largely upon nursing these patients. I used locally the old sear cloth to the chest and turpentine to the abdomen, with very few drugs.

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*THE DIAGNOSIS OF PELVIC INFLAMMATIONS.

B. H. DURLEY M.D.,

ABERDEEN.

The possibilities of error in the diagnosis of pelvic inflammation are as great or greater than at any other part of the body, because of the fact that inflammation occurs more frequently there than in any other part and then, too, the pelvis is so very small, relative to the number of organs contained therein, and these structures are so closely allied that when one becomes involved it is very difficult to distinguish which one is affected. It is generally impossible, by clinical methods, to determine the exact extent of tissue involved, since the disturbance is not always confined to the structure in which it is at first noted.

Owing to the marked resemblance of symptoms in the various pelvic affections, differentiation by means of physical examination is often very difficult. The best insurance against diagnostic errors is thorough investigation. The first step should invariably be the procuring of the fullest possible history of the case, in which much assistance is often gained from letters from the referring physician. The second step is a complete physical examination which begins at the head and ends at the feet. Dudley says "careful all-round examination may

*Read before the East Mississippi Four County Medical Society.

show some casual and removable extra-pelvic fault". The bladder must always be emptied immediately before such examination, as a full bladder not only impedes palpation but renders it much more painful, causing the patient to contract firmly the abdominal and pelvic muscles. A careful examination of all thoracic and extra-pelvic abdominal organs should be made. Special attention should be given to the kidneys, as to their palpability or mobility; to the liver and gall-bladder as to tenderness and position; and, perhaps most important of all, to the colon and rectum, for an impacted sigmoid remaining unrelieved will more than counterbalance the most energetic local examination. A strict compliance with the above rules of a complete physical examination, under an anaesthetic if necessary, will be found to restrict "reflex" symptoms within comparatively narrow limits.

The pelvic organs are next investigated by percussion and inspection and external palpation. A thorough internal examination is next made by the speculum and by palpation, abdomino-vaginal, abdomino-rectal, abdomino-recto-vaginal, recto-vaginal. All of this is very important in some cases to arrive at a proper conclusion.

The first and most common of the pelvic inflammations which we will consider is peritonitis. This may be acute or chronic and in a well-marked case is not very difficult to diagnose. In the acute form, you find the abdomen rigid, possibly distended, very tender in the lower part, both legs drawn up; the temperature 102° to 105° F., and continuing; the pulse is at first rapid, full, and bounding; later it is small, soft, wiry or thready; and in severe cases, soft and irregular. There is much pain in the pelvis, with nausea and vomiting. The bowels are often constipated although there is often a history of an acute form preceding, and the symptoms are not so severe as in the acute attack. In other cases there may be a history of pain, beginning perhaps in connection with a menstrual period. Some give a history of a slight attack of pain with fever, while others begin insiduously and show no definite symptoms. In these chronic cases, varying degrees of pain may be met with: dull, sharp or aching. It is often worse after exertion, at menstruation, during coitus or at defecation. Menorrhagia, metrorrhagia or irregular menstruation may be present. Sterility is very common in these cases. The health of the patients is below par and they often become neurotic. Various symptoms may develop, due to pressure of effusions, to traction by peritonitic bands or to a misplaced uterus. It is important that all of the above points be considered in arriving at a diagnosis.

Parametritis is an inflammation of the cellular tissue im-

mediately about the uterus and may be either acute or chronic. It is, perhaps, more difficult to diagnose than pelvic peritonitis. The most common seat of attack is at the base of the broad ligaments, and next in the utero-sacral folds. In the acute form there is often a rigor at the onset, with pain in the pelvis and lower abdominal region. The pulse is rapid and the temperature is elevated. Where there is marked exudation the patient may lie with one leg drawn up and may complain of constipation or painful defecation and dysuria. The physical signs, in the early stages, may show nothing beyond a slight fulness or tenderness. As consolidation occurs in the effusion it may be felt as a hard mass or as a distinct thickening. When in the broad ligament, if of any size, it fixes the uterus and pushes it to the opposite side and bulges down into the lateral fornix. If the utero-sacral folds are affected, the cervix is felt fixed and there is a thickened mass on either side behind, most easily felt through the rectum. In other cases the thickening may be felt at the side of the bladder, vagina or rectum; or, reaching above Poupart's ligament, in the iliac fossa. These thickenings are very tender to the touch and when pus forms, unless opened, the patient becomes very septic. These cases of peritonitis must be differentiated from pelvic peritonitis, hematocele, fibroid tumor of the uterus, impacted faeces, ovarian tumor and salpingitis.

An hematoma or hematocele, a swelling caused by blood extravasating either into the pelvic cellular tissue or into the peritoneum, often simulates an inflammatory mass. The history of a sudden, sharp pain, without a chill and with the temperature usually subnormal, the pallid face and anxious expression, with the pulse rapid and feeble, are usually sufficient to warrant the diagnosis. Before coagulation of the blood, its consistence may simulate that of a collection of serum. After clotting it is firm and elastic but not so hard as an inflammatory mass. If the mass becomes secondarily infected, the symptoms of pelvic peritonitis would, in time, be present. In the same way these masses must be differentiated from fibroid tumor of the uterus, retro-flexed or retro-verted uterus, ovarian cysts, retro-uterine carcinoma and pelvic cellulitis.

Salpingitis, an inflamed condition of the Fallopian tubes, is the most important of all the inflammations of the pelvis. The history throws quite a bit of light on the case. The patient usually suffers from a burning or dragging pain in the region of the affected tube, especially on standing or walking. Repeated attacks of peritonitis and dysmenorrhea are not uncommon. On examination the tube is felt as a tender, elongated or nodular mass, extending out from the cornu of the uterus.

Ordinarily it cannot be palpated on account of pelvic tenderness and rigidity of the abdominal walls. In case of a large distended tube, it is difficult to distinguish it from a peritonitic or cellulitic swelling. It may be found on one side behind the broad ligament, or in the mid-line behind the uterus. The mesial swelling does not cause so much displacement as that produced by a cellulitis. When both tubes are affected, no line of separation can be made out between them in some cases.

Sometimes, the only distinction between salpingitis and ovaritis is in the shape, the ovaries being more rounded, the other symptoms being almost identical. In acute ovaritis there are sharp pains in the ovarian region, radiating to the back, aggravated by micturition and defecation, but it is always marked and unusually continuous. The ovary cannot usually be palpated unless the patient is anesthetized, when it can be very satisfactorily examined through the vagina and rectum. In chronic ovaritis the symptoms are usually less marked. There is a dull pain in the ovarian region increased by exercise and, if the ovary is prolapsed, defecation is very painful.

A large ovarian abscess may be difficult to diagnose. It may be mesially or laterally placed; is generally rounded; its walls are thicker than the coverings of a distended tube. An ovarian cystoma situated within the pelvis, if movable, is not likely to be mistaken for cellulitis or peritonitis. If, however, it is impacted in the pelvis, it may simulate a collection of fluids within the pelvic peritoneum. In such cases there is an absence of inflammatory symptoms. Ovarian cysts and solid tumors may have the consistency of an inflammatory exudate but their lateral situation, definite outline and absence of inflammatory history suggest the true nature.

Ectopic gestation, when the gestation sac lies posteriorly and more or less fills the pelvis, and when there has been pain present, may simulate an inflammatory swelling. There may be inflammatory reactions around the sac but the absence of febrile symptoms and the existence of various features associated with ectopic gestation suffice to establish the non-inflammatory nature.

Uterine fibroids extending out from the uterus, when they grow into the parametrium, may simulate a cellutic or peritonitic mass, but we have no history of inflammatory attacks nor, usually, of pain. On examination, the fibroid is definite in outline and often movable. A cyst of the broad ligament may be easily mistaken for an inflammatory collection but its slow growth and the fact that it does not cause pain or fever distinguishes it.

Perityphilitis, a localized exudate developing in connection

with a diseased appendix, may simulate the lateral swelling of parametritis which has been extended into the iliac fossa. The initial symptoms may be similar in each case, but in parametritis there is usually a history of some pelvic infection following labor, abortion or operation, while in perityphilitis no such history is given and the pain is most marked in the region of the appendix. In perityphilitis the exudate is at first above the pelvic brim and then extends more or less deeply into the pelvis, while in parametritis the exudate was first in the pelvis and passed upward, just the reverse of perityphilitis.

A psoas abscess may form a pelvic swelling which may simulate a pelvic peritonitis or cellulitis. There is no history of pelvic infection; the onset is not acute and the course is chronic. The swelling is soft and is not tender to touch. There is usually evidence of spinal disease.

Malignant growths external to the uterus and vagina may simulate inflammatory deposits. There is, however, an absence of infection or acute onset, and examination causes no pain. The slow development, irregular, nodular character of the swelling, the progressive loss of weight and the absence of febrile signs and symptoms usually suggest malignancy.

A retro-flexed gravid uterus, especially when the uterine body becomes impacted in the pelvis, may be confounded with a peritonitic swelling. Infection may occur in these cases and there may be marked febrile disturbances. On careful examination the swelling may be found to vary in consistency and the embryo palpated. When infection has taken place around the uterus, palpation may cause pain and the physician may be led to believe that the whole mass is inflammatory. The softening of the cervix and the discoloration of the vagina, amenorrhea and the other signs of pregnancy usually clear up the situation.

So it is with all diseases and conditions. There are very few that are so much alike but that careful and systematic examination will serve to distinguish them. An early diagnosis of pelvic conditions is imperative if we would save our patients much anxiety and ourselves no little embarrassment should they fall into more careful hands. Realizing the gravity of these conditions and the difficulty of arriving at proper conclusions, we would fail in our duty if we neglect even the least of the measures which we can command.

The Convention for the Ninth Revision of the Pharmacopoeia will assemble in Washington, D. C., May 10th. The Mississippi State Medical Association will be represented by Dr. Rowland of Oxford, Dr. Bennett of Meridian and Dr. Myers of Vicksburg.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.
S. MYERS M.D., BUSINESS MANAGER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The 1910 meeting having passed into history we may well pause a moment and "take stock" of our affairs. The first thing that strikes the observer is that it is bad policy to take the meetings away from Jackson. In 1908 we were royally feted in Natchez, the arrangements for the meeting were perfect, we reached the high-water mark of entertainment—and the registration was less than two hundred. Last year we went to Jackson and, for the first time in many years, were the recipients of some delightful social attentions. Our meeting-place left much to be desired and we paid the rent, and the hotels are too near the railroads to make the sleeping-hours peaceful—but our registration exceeded three hundred.

This year we were entertained in every sense of the word. We stopped in the homes of the good poeple of Oxford or in the handsome new dormitory at the University. We couldn't even spend any money on hack-rides, because everything was free. We had a smoker and three baseball games and Stiles of hookworm fame and Wilbur of the census bureau as drawing cards—and the attendance was less than two hundred. It looks like conclusive evidence.

Another thing that we have learned in the past year is that it takes concentrated, unanimous work to pass legislation on affairs medical—we knew already that it did no good to memorialize the legislature. We have two years to chew the cud of our discontent—but there is an election before the legislature meets again. This next is an off year, in a way, for the committee on public policy and legislation, therefore we venture the suggestion that the committee secure the votes on our bills and blacklist, and put on foot a move to defeat the re-election of, every man who voted against them. We ought to be able to secure enough scalps to show that we mean business.

Mississippi State Medical Association.

MINUTES OF THE HOUSE OF DELEGATES.

The House of Delegates met at 8:30 P. M., there being present Councilors Dye, Bullitt, Williams and Ullman and Delegates Reid of Coahoma, Rape of Jackson, Land of Jasper, McNeal of Leflore, Haralson of Scott, Clay of Tallahatchie, Eason of Union, Daugherty of Warren and Donaldson of Yalobusha.*

The secretary's report was read and received:—

Secretary's Report To The House Of Delegates Of The Mississippi State Medical Association.

VICKSBURG, MISS., April 1st. 1910.

Gentlemen:—

With great pleasure we announce that in the year just past, the banner year of our Association, our membership exceeded the thousand mark. There is still, however, virgin soil in several parts of the state that needs only the hand of the husbandman to yield us a handsome crop of members and we should not rest until we have reached the twelve hundred limit. This is perhaps a safe estimate of what our membership should be.

Exhibit A of this report contains the supplementary statement of finances for 1909, also the books of the same year. It will be noted that our fiscal year ends December 31st., and as some of the societies do not pay until after the annual meeting, and it is therefore necessary to keep the books open, no attempt has been made to report the funds collected for 1910 but instead the books are offered for the inspection of the auditing committee.

There is this year for your consideration one constitutional amendment, which is attached as Exhibit B to this report. It has been sent to the various county societies as the law directs and is now before the House.

As noted in a previous report to this House, the counties of Forrest, Jefferson Davis and Lamar have never been definitely assigned to a councilor district. In order that our records be made complete in this respect it is suggested that such assignment be made. All of them seem to be

*At later roll-calls there responded Councilor Spencer and Delegates Turner of Attala, Allen of Bolivar, Provine of Calhoun, Ringold of Carroll, Boyd of Chickasaw, Holloway of Choctaw, Harper of Clarke, Hubbard of Clay, Little of Copiah, Donald of Forrest, Brown of Grenada, Mohler of Harrison, Foster of Holmes, Reid of Itawamba, Lewis of Jefferson, Magee of Jefferson Davis, Matthis and later Rowland of Lafayette, Buchanan of Lauderdale, Spencer of Lee, Curry of Lowndes, Underwood of Monroe, Gillespie of Montgomery, Rush of Neshoba, Cooper of Newton, Perry of Noxubee, Crumpton of Oktibbeha, Purser of Pike, Donaldson of Pontotoc, Brougher of Quitman, Shotts of Rankin, Robertson of Sunflower, Pearce of Tippah, Waldrep of Tishomingo, Coker of Tunica, Stone of Washington, Arnold of Webster and Adkins of Yazoo.

very much alive and able to take care of themselves but the friendly aid or censure of a councilor might, in some future day, be needed and the absence of an official record of assignment might constitute a technicality that would give rise to difficulty.

Charters have been issued during the year as follows:—Calhoun, Grenada, Marion, East Mississippi Four County, Tri-County (Newton, Neshoba, Winston), Tishomingo, Jasper. The charter authorized for Madison was not issued for the reason that the secretary has failed to furnish the name of the president so that the document could not be drawn in form.

As is the usual case there are some official communications to the Association with requests for action. As these are somewhat lengthy and complicated, they are submitted an an exhibit—C—with the request that they be referred to a special committee. Last year, through some inadvertence, similar communications were referred to the same committee that audited the accounts of the secretary and the treasurer. The communications were overlooked in the bustle of more important work and the secretary spent a good part of the summer explaining and apologizing for the oversight. It is sincerely hoped that he will not be put in this position a second time.

Respectfully,

E. F. HOWARD,
Secretary.

The financial exhibit attached to this report was referred to an auditing committee composed of Haralson of Scott, Daugherty of Warren and Rape of Jackson.

McNeal of Leflore, Land of Jasper and Clay of Tallahatchie were appointed a committee on communications.

On motion of Councilor Bullitt, Grenada county was transferred from the second councilor district to the fifth.

On motion of Councilor Williams, it was resolved that when our new counties are formed they shall be included in the councilor district embracing the territory from which they are made.

An amendment to the by-laws was introduced by Councilors Ullman and Dye:—

Resolved that Chapter IV, section 1 of the by-laws be amended to read as follows:

"Sec. 1. The scientific sections of this Association shall be as follows:
Section on Medicine,
Section on Surgery,
Section on Obstetrics and Gynecology,
Section on Materia Medica and Therapeutics,
Section on Pediatrics,
Section on Hygiene,
Section on Physiology, Pathology and Bacteriology,
Section on Eye, Ear, Nose and Throat.

The same gentlemen offered an addition to the by-laws—an additional section to the same chapter:

"SEC. 3. The committee on program shall have power to place any paper in its proper section when in its discretion it has been reported in the wrong one."

Delegate McNeal of the committee on communications read a letter from Dr. McCormack of the A. M. A. relative to the creation of a national department of public health and on motion of Delegate Haralson a report of the committee, concerning this particular communication, was made the special order for the first session on 12th.

The House then adjourned and re-convened at 11:30 A. M., April 12th.

The special committee on communications rendered a partial report which was referred to the general session:

We, your committee, having carefully read Senator Owens' bill and Dr. McCormack's communication relating thereto, respectfully recommend that this Association heartily endorse the principle of the same and wire the endorsement in proper form to Washington; also that proper steps be promptly taken to bring the matter before the people of our state through societies and otherwise as recommended by Dr. McCormack.

Respectfully submitted,

B. F. McNEAL, Chairman.
G. W. LAND.
THOS. F. CLAY.

The treasurer's report was read and referred to the auditing committee:

Treasurer's Report.

ROSEDALE, MISS., April 12th. 1910.

H. L. SUTHERLAND, TREASURER, IN ACCOUNT WITH MISSISSIPPI STATE MEDICAL ASSOCIATION.

1909.			
April 9.	To Balance in Treasury	$1,096 24	
" 19.	To Check E. F. Howard	1,936 00	
Dec. 28.	To Check E. F. Howard	78 50	
	PER CONTRA.		
April 20.	By Check H. L. Sutherland		$ 17 35
" 20.	By Check Lamar Lodge K. of P.		83 55
" 21.	By Check Mississsippi Printing Co.		124 55
" 24.	By Check E. F. Howard, Salary		500 00
" 24.	By Check Clarke & Co.		10 45
" 27.	By Check E. F. Howard—Charter, expense, etc.		63 85
" 30.	By Check J. S. Ullman		17 95
" 30.	By Check D. J. Williams		3 40
" 30.	By Check T. M. Dye		15 00
" 30.	By Check M. W. Ireland (Carroll Relief)		150 35

1909			
May 5.	By Check M. C. Lilly & Co., Badges.....		30 00
" 14.	By Check M. H. Guyol, Stenographer.....		50 00
" 14.	By Check T. H. Dickson, Stenographer.....		34 45
" 14.	By Check J. B. Bullitt		22 10
Sept. 1.	By Check P. W. Rowland, Chairman.....		500 00
" 21.	By Check Transactions		815 34
1910.			
April 12.	Balance		672 40
		$3,110 74	$3,110 74

On motion of Delegate Little, the House unanimously instructed the president to wire Dr. L. S. Rogers, member of the Legislature, to urge the passage of the medical act now pending in the House of Representatives, and to the same effect to Dr. E A. Rowan, state senator, regarding the vital statistics bill now pending in the Senate.

The House now proceeded to the selection of a nominating committee and the following were chosen: 1st. District, Robertson of Sunflower; 2nd., Matthis of Lafayette; 3rd., Eason of Union; 4th., Boyd of Chickasaw; 5th., Brown of Grenada; 6th., Scudder of Issaquena; 7th., Cooper of Newton; 8th., Little of Copiah; 10th., Donald of Forrest.

The House then adjourned and re-convened April 13th. at 11 A. M.

Dr. W. W. Crawford of Hattiesburg addressed the House in behalf of the Southern Medical Association, of which he is president, and at the close of his address the House passed the following resolution:

Resolved that the House of Delegates of the Mississippi State Medical Association hereby instructs its delegates to the American Medical Association to request that the Southern Medical Association, with its present constitution and by-laws, be given recognition as the southern branch of the American Medical Association and that it be given voice in the House of Delegates.

Dr. J. W. Gray, chairman of the committee on medical defense, presented the following report:

Proposed Changes In By-Laws.

Ch. VII, Sec. 3. Amend by adding in line nine following the word "Secretary," "except in the case of the medico-legal fund, which shall be paid out only on the written order of the Chairman of the Council countersigned by the Secretary of the Council;"

Ch. VIII. Add Sec. 5, as follows: Collectively the Council shall be the Medico-Legal Committee, and shall have entire jurisdiction over all medico-legal matters pertaining to the Association or to its individual members.

Ch. IX, Sec. 1. Amend by adding in line six following the words "A Committee on Arrangements," "A Medico-Legal Committee," and in line eight following the words "in Sec. 6" add "and the Medico-Legal Committee."

Ch. IX. Add Sec. 7, as follows: The Medico-Legal Committee shall be identical with the Council, and shall have entire authority in medico-legal matters except as limited in Chapter XIV of these by-laws.

Ch. X, Sec. 1. Amend by changing the words "two dollars ($2.00)" in the first line to read "three dollars ($3.00)," and in line three following the word "Association" add "one dollar of which shall be set aside and used exclusively as a medico-legal fund."

Additional Chapter. Change number of present "Chapter XIV" to "Chapter XV," and add additional Chapter fourteen as follows:

Medico-Legal.

Ch. XIV, Sec. 1. The Council shall at each annual meeting appoint an attorney-at-law for the term of one year as counsel for this Association, and is empowered to pay said counsel an annual retaining fee.

Sec. 2. The duties of the counsel shall be, under the direction of the Council, to defend all ethical suits, examine and report on all legislation proposed by the Association, act as the official spokesman of the Association before all legislative committees, and render such other service as the Council may direct.

Sec. 3. The Council may upon request of the Committee on Medical Defense of any component county society, and in compliance with conditions hereinafter named, assume the defense for alleged malpractice or other defensible suits brought against members of this Association.

Sec. 4. The Council shall not undertake the defense of any suit brought for acts committed before the applicant for defense became a member of the Association, nor of any suit except such as may arise from questions pertaining to the defendant's profession as a physician.

Sec. 5. Any member desiring the Association to defend him in a suit shall first present his case in writing, together with all the evidence he has, to his County Committee on Medical Defense, which committee shall be composed of the secretary of the county society, the councilor from his district, and a member of the county society to be elected by the county society for one year, which committee shall advise concerning the validity of his claim. Upon approval of his defense the secretary of the committee shall so advise the Council, who shall collectively or through its Executive Committee, pass upon the validity of the defense, and upon a favorable decision the Council may undertake the defense of the suit. The applicant shall then sign a contract vesting in the Council the authority to conduct his defence, and shall make such other arrangements as the

Council may require; provided that no compromise shall be made without the consent of the Council and of the accused, and further provided that nothing in the foregoing shall conflict with the united action in the defense by the officials of any component county society, or of any corporation organized for the specific purpose, in which he may be insured.

Sec. 6. The Council shall contract with said applicant to take full charge of said suit, to furnish all necessary legal services, to furnish all necessary medical expert services, and to pay all necessary expenses of the accused, excepting expenses for witnesses called to testify to questions of fact. Provided that if the accused is insured in a corporation organized for the legal and financial defense of physicians, the member may be allowed a certain sum of money satisfactory to the Council for part of his defense expenses and the Association shall be relieved of all further responsibility. The Council shall not obligate the Association to the payment of any damages awarded by the decree of court or upon compromise.

Sec. 7. The Council shall in each case name the sum for the compensation of the attorney.

Gentlemen: Your committee very earnestly recommends the adoption of its report:

First: Because it is necessary. While no one of us expects to be sued for malpractice, still none have any right to presume that we may not be. According to reports from other states malpractice suits are increasing. Such suits, in the very large majority of cases, are blackmailing schemes, and generally are born of an attempt to defraud a physician of his just fee.

Second: This closer banding together for mutual protection will promote solidarity among physicians, and will lessen, in a marked degree, the unkind, and, as a rule, unthinking criticism of one member of our profession by another.

Third: The establishment of a legal department will assist very materially in getting such legislation enacted as the State Association may recommend. The reason for the failure to obtain in the past such needed legislation is largely because its importance is not properly and persistently kept before the various legislative committees. A regularly retained attorney, acting under the direction of the Council and upon the recommendations of our Committee on Public Policy and Legislation, being constantly on the ground and intimate with our needs, would be of immense benefit in shaping our medical laws. This is the ONE reason your committee urges upon your consideration.

Fourth: It will strengthen the Association. An insurance of practical immunity from unjust malpractice suits for one dollar a year is a business proposition very few intelligent physicians will overlook. Even though you may never be so unfortunate as to have a suit the very comforting feeling that if you should you would have the very best medical experts and the best trained legal talent at your command, and the moral support of the

Association back of you, will be worth far more than one hundred cents a year. Every State Association which has this defense plan in operation is most enthusiastic in commending it.

(Signed)

J. W. GRAY,
JAMES B. BULLITT.
T. M. DYE.

This report, on motion of Councilor Dye, was tabled until 1911 and the secretary was instructed to mail a copy to each member of the Association.

Treasurer Sutherland presented a verbal report for the committee on history appointed at the 1908 meeting and described in a general way the work of the committee. On motion of Delegate Curry, the history was ordered printed.

Delegate Haralson presented the reports of the auditing committee. Same were received and the committee discharged:

House of Delegates Mississippi State Medical Association:

We, your committee appointed to audit the secretary's books, beg leave to report that we have done so and find the books neatly and correctly kept and find $1,520 in secretary's hands. There are unpaid bills amounting to $184.02, which we recommend be paid.

J. J. HARALSON.
W. B. DAUGHERTY.
J. N. RAPE.

April 12th. 1910.

House of Delegates Mississippi State Medical Association:

We, your committee, appointed to audit Treasurer's books, beg leave to report that we find the same correct, with $672.40 in his hands.

J. J. HARALSON.
W. B. DAUGHERTY.
J. N. RAPE.

April 12th. 1910.

Delegate McNeal, chairman of the committee on communications, made a verbal report regarding the sterilization of criminals. This was referred to the Council.

On request of Councilor Ullman, it was resolved that in future matters relating to a change of counties in councilor districts be subject to action of the council.

The amendments to the by-laws introduced by Councilor Ullman on 12th. were called up and passed.

The constitutional amendment offered by Delegate Little

and Councilor Brown at the 1909 meeting was called up and failed to pass.

Delegate Eason offered the following resolution, constituting an amendment to the by-laws:

Be it Resolved, that Section 2 of Chapter VI of by-laws, as to selection of members of State Board of Health, be changed so as to read, "It shall also nominate twelve men for membership on State Board of Health, five of whom are to be elected by this Association, as provided in statute; provided that no two of those elected can come from the same county.

Councilor Bullitt offered a constitutional amendment:

Article VII. Amend by adding the following clause: "and (4) ex-presidents for a period of five years after their retirement from office, provided they be still members of the Association."

Secretary Howard offered a constitutional amendment:

Article IV. To add a new paragraph as follows: "Sec. 5. Honorary Members. Ex-presidents of this Association, living in Mississippi, retired from practice, may be elected to honorary life membership."

The House then adjourned and re-convened April 14th., at 11 A. M.

The nominating committee reported:

We, your nominating committee, beg leave to report the following nominations:

For president: J. W. Young, C. M. Murry and J. W. Barksdale.
For vice-president: G. C. Phillips, D. J. Rush and R. M. Boyd.
For Councilor 3rd. District: S. E. Eason.
For Councilor 4th. District: F. J. Underwood.
For Delegate to the A. M. A..: D. W. Jones. Alternate: J. B. Bullitt.
(Signed)

W. L. LITTLE, Chairman,
S. E. EASON, Secretary.
I. W. COOPER.
ROBT. DONALD.
T. J. BROWN.
R. M. BOYD.
E. L. ROBERTSON.
W. W. MATTHIS.

The election followed and resulted in the choice of J. W. Young as president. On motion of Delegate Haralson, the secretary cast the vote of the House for the rest of the ticket.

Delegate Brown thanked the House for the honor done his fellow-townsman.

Jackson was selected as the place of next meeting.

Dr. Young, the president-elect, was introduced and thanked the House for the honor done him, pledging his best efforts in the interests of the Association. Delegate Curry replied for the House.

The amendment to By-Laws, Chapter VI, Sec. 2, was called up and passed.

Delegate Rowland, chairman of the committee on public policy and legislation, made a verbal report, describing the efforts of the committee to secure the passage of legislation asked by the Association and giving the reasons for its failure, and in concluding offered the following resolution, which was adopted:

Whereas, the Mississippi State Medical Association at its last meeting appointed a Committee on "Public Policy and Legislation" for the purpose of urging the passage, by the Legislature, of several measures of great importance to the profession and to the people of the State, and

Whereas, this committee, on account of the apathy and indifference of the members of the Legislature, and on account of the active opposition of members of this Association, failed to secure the desired legislation; therefore be it

Resolved, that we do heartily and earnestly condemn the attitude of the members of the Legislature towards this Association in their utter lack of appreciation of the efforts of the medical profession of the state in its efforts to improve the health conditions of the same, and to place upon a higher plane of efficiency and usefulness to the general public the members of the medical profession.

Resolved, that we do reiterate our former action in placing ourselves on record as demanding a diploma from a reputable medical school as a prerequisite to the obtaining of license to practice, and in addition thereto that the practice act should be so amended as to require that all persons who desire to obtain license to practice medicine in the State of Mississippi must apply therefor in writing to the State Board of Health and must present a diploma from a reputable school of medicine whose course of study shall consist of not less than four years of not less than thirty weeks' work, and whose requirements for entrance shall be that of a diploma from a Mississippi high school or its equivalent.

The report of the council was received.

The House then adjourned *sine die*.

E. F. Howard,
Secretary.

Approved:

D. W. Jones,
President.

Correspondence.

April 18th. 1910.

To the Members of the Mississippi State Medical Association:

The appearance of my paper, "Health Conditions in Yazoo-Mississippi Delta" in yesterday's (Sunday) Commercial-Appeal was as much a surprise to me as it doubtless was to you, knowing our Council had declined to give it to the press.

The Commercial-Appeal had requested the privilege of publishing my paper before I left Rosedale for Oxford, and in passing through Memphis I called at the office and left a copy of it, but very explicitly explained that the paper was the property of the Association until, by resolution, it should be given to the press. Notwithstanding this injunction, it was announced in the reports of our meeting, next day, that my paper would be published in the Sunday edition. As soon as the Council notified me that it would not consent for my paper to be given to the press, I wired the Commercial-Appeal Thursday afternoon to that effect, and had no thought of its appearing in that paper until I saw it on Sunday afternoon.

I regret exceedingly the unintentional violation of our laws, and hope you will accept this explanation.

H. L. Sutherland.

Association Presidents.

E. H. MARTIN, Hot Springs, Ark.

President 1905-6.

Edward Hamilton Martin was born in Mathews County, Virginia, Feb. 28th. 1865 of Scotch-Irish and English parents. He took partial courses at Lincoln University, Lincoln, Ill., and took his medical degree in 1887 from the Medical College of Ohio. He married Miss Virginia Walker Nov. 7th. 1889.

Dr. Martin began practice at Green Grove, Miss., and later moved to Clarksdale. When the Association reorganized, in 1903, he organized the Clarksdale and Six Counties Medical Society and was one of the most influential members until his removal to Hot Springs in 1907. Realizing the importance of organization, he labored earnestly in his district, and when president of the Association was unusually active in working up interest throughout the state. The results of this work were shown at the 1906 meeting, which exceeded all previous ones both in attendance and in scientific work accomplished.

Immediately on his removal to Hot Springs, Dr. Martin began a study of the physiological effects of their waters and has published some interesting accounts of his findings.

Besides his county and state affiliations, Dr. Martin is a member of the A. M. A. and of the Tri-State (Miss., Ark., Tenn.) Medical Society. *Dr. E. F. Howard.*

Book Reviews.

MODERN SURGERY: General and Operative. By J. Chalmers DaCosta M.D., Professor of Surgery in the Jefferson Medical College, Philadelphia. Sixth Edition, greatly enlarged. Octavo of 1,502 pages, with 966 illustrations, some in colors. W. B. Saunders Company, Philadelphia, 1910. Cloth, $5.50 net; Half Morocco, $7.00 net.

This is all that its name implies—a "modern surgery". Former editions have been such favorites of the student and of the practitioner of medicine that no introduction is needed. So entirely is this true that there are but few libraries, certainly of men who profess to do surgery, that do not contain one or more of the six editions that have been found necessary. The author draws freely on the work of others, giving due credit where credit is due, and thus we have a book based on the work of the best American surgeons collated and "digested" by one whose name is thought of whenever surgery is mentioned. The publisher has done him handsomely, as Saunders always does his authors, so that the buyer has not only a valuable but a handsome addition to his collection.

DISEASES OF CHILDREN. Edited by Abraham Jacobi M.D., LL.D., etc. An authorized translation from *Die Deutsche Klinik* under the general editorial supervision of Julius L. Salinger M.D., illustrated. D. Appleton & Co., New York.

Although American pediatrists need not fear comparison with any, and although there may be many points of variance, especially in the field of infant feeding, between what we are generally taught and the ideas here laid down, the work of our brethren across the water may well be studied and weighed if for no other reason than that it broadens our view and in this way makes our work better. We would not consider this book advisable for the sole text-book of the medical student, but for parallel reading it is excellent. The discussions of diseases of the new-born and of nervous diseases are very fine and the acute infectious exanthemata are treated in masterly style. The objection that the book is a collection of essays by different individuals, and therefore not so well rounded out as a complete volume by one man, has been in great measure prevented by careful selection of the articles. The book is a complete whole.

MISSISSIPPI MEDICAL MONTHLY

VOL. XV. JUNE 1910. No. 2

PRESIDENT'S ADDRESS,
MISSISSIPPI STATE MEDICAL ASSOCIATION, APRIL 13, 1910.

D. W. JONES M.D.,

BROOKHAVEN.

Members of the Mississippi State Medical Association; Ladies and Gentlemen:

Before taking up the subject of this address, I desire to express my appreciation of the honor which this Association has conferred upon me. You have placed me under an obligation which only many years of faithful work in the ranks can ever repay. I gladly acknowledge the debt, and cheerfully tender my note for future payments in annual instalments of the best service of which I am capable.

I wish also to express my appreciation of the work of the section chairmen. The good taste and judgment displayed in the selection of subjects, and the length and arrangement of the special sections, makes this program the equal of any ever offered to this Association.

I think I may also be permitted to say a word of congratulation on the present status of the Association. Our membership has topped the one thousand mark, and now includes practically every physician of any prominence in the State. We have reached the point where it is a discredit not to be a member of the Association. The secretaries are to be thanked for this happy state of affairs; for upon their efforts more than upon any other factor depends the perfection of the Association. They are the fly-wheels of the machinery, the *sine qua non* of the organization. Beginning with our most efficient state secretary, from whose big "belt" proceeds the motive power that drives us all, I wish to thank the secretaries, in the name of the Association, for their excellent work during the past year.

And now upon what subject shall I address you? Of late years it has been the custom for the retiring president to select a non-technical subject, some burning question upon which an oration could be delivered which would inspire us with a desire

—if I may paraphrase the watch-word of the laymen's movement—to "go forward; evangelize the legislature in this administration".

So I presume I may follow the custom and talk to you on the subject of medical legislation.

Why is it we never get what we ask for in the way of medical legislation? I find, upon reviewing the presidential addresses for the last ten years, that the same subjects are still recommended; but never seem to become enacted into laws.

Until I became a member of the legislative committee of this Association, I thought, as doubtless most of you now think, that the fault lay with the previous committees in neglecting the matters entrusted to them; in other words, they "memorialized the legislature and went to sleep".

Having been a member of that committee, I wish now to apologise for the thought, and to take off my hat to any man who was ever on a legislative committee.

I wish here to outline briefly the plan followed by your last committee, partly as a matter of history in which you are all interested, partly as a vindication before those who feel that the committee may not have done its full duty.

The committee had a preliminary meeting early in the summer, at which time the legislation desired was outlined, a sub-committee was appointed to see the governor, and to get the measures put into proper form. The governor assured us of his hearty co-operation; the measures to be advocated were printed and a copy sent to every member of the legislature and to the members of the auxiliary committee. A letter of explanation was sent with this, saying that these measures were requested by the State Medical Association for the public good. No legislator could therefore plead ignorance of the subject of the measures asked.

When the legislature met, a leading member thereof introduced the measures advocated by your committee before each house. The central committee then went before each of the committees on public health and quarantine and presented the merits of the bills. Anticipating prompt action on the part of these committees, a conference was had with the executive officers of the State Board of Health, and a letter gotten out, signed by the president of the State Board and by the president of the Association, in which the merits of the propositions were again reviewed, and the members of the legislature again reminded that they represented the wishes of the organized medical profession of the state. A copy was mailed under letter postage to each member of both houses.

I cannot stop here to trace the various steps in the monot-

onous drag of these measures from that time on. The record of this last legislature in general is a chapter in Mississippi history of which none of us are proud. I will simply say that your committee had meeting after meeting, and individual members of the committee were present every few days in the interest of these measures.

For a long time, the trouble was in getting the practice bill before the Senate; then the trouble was in getting the Senate to let it alone. Amendment after amendment was tacked on, until, at one time, we begged them as an act of mercy to simply let it die a natural death! From refusing to report this bill from the committee, that august body went to the exceeding liberality of passing an amendment exempting graduates of all medical colleges in Mississippi from examination by our State Board!

Now that brings up "the previous question", as the legislature says. Why is it that the measures introduced by the legislative committees of this Association, whose only object is the public good, altruistic in nature, plainly not in the interest of any man or set of men as a class, properly and courteously presented in the name of the Mississippi State Medical Association, representing, as it does, over one thousand of the best citizens of the commonwealth, distributed throughout every section of the state, are treated with such scant courtesy by the Mississippi Legislature? The endorsement of any measure by this body ought to be *prima facie* evidence that it is entitled to respect, and when the proposition itself is clearly altruistic in nature, it is difficult to see why it can not be put into effect.

Whom shall we blame?

We are told by the chairman of the House Committee on Public Health that "letters came in from physicians from several parts of the state requesting the Legislature that these bills be either killed or amended". Your committee was told the same by various members of the Legislature, who informed us that they did not know what to do, since the profession seemed to be divided upon the matters requested by the Association.

If that be true, we must first do some missionary work in our own ranks. Who wrote those "letters from all over the state"? If they are members of this Association, they are fit subjects for reprimand—to put it mildly.

The course suggested for the next campaign is this: let the legislative committee get out its scheme of proposed legislation, submit it to this Association at its next meeting; get its endorsement, with such modifications as may seem proper; then

have the same submitted to the county societies, with the request that each society have its individual members to sign the printed recommendations of the State Association; then let these memorials be presented to the candidates for the legislature for their approval or disproval. We can then get some committals which will be of weight when the Legislature meets the following January. In other words, get our legislators committed in advance, the committal being amply justified on the ground of such a memorial in each county.

In order to perfect such a system, I believe the Council of this Association ought to be made the permanent legislative committee of this body. It is a permanent organization, represents every section of the state, is composed of our best men, and is in direct touch with the local societies. The councilor of each district could see that each society in his district took the matter up with its individual members at the right time, and that the signed memorial was properly used in getting committals from the legislative candidates. This applies to all proposed legislation—not simply this year.

*INEVITABLE ABORTION; WITH REPORT OF A CASE.

F. J. UNDERWOOD M.D.,

NETTLETON.

I submit three excuses for the presentation of this paper:

First, I was asked to contribute something on the subject of obstetrics by the chairman of the section and because of the friendship that exists between us I could not refuse to comply with his request.

Second, it has been my misfortune during the last few years that I have been engaged in the practice of medicine, it seems to me, to meet with more cases of this character than any two men of my acquaintance, and, judging the future by the past, I naturally expect to continue to meet these cases, and knowing full well that there are present many very able obstetricians, I hope to get from them valuable suggestions to carry home with me.

Third, I want to emphasize and stress the great importance of ascertaining the cause or causes that produce these cases of inevitable abortion.

I say we should always, if possible, ascertain the cause, or causes, for our patient's misfortune—or, judging by her beaming countenance, we would sometimes say good fortune.

*Read before the Mississippi State Medical Association, 1910.

A few years ago, while listening to an eloquent discourse upon the subject of abortion, miscarriage and premature labor, by my professor of obstetrics, my enthusiasm rose to a height that knew no bounds. I felt that after hearing that clear, masterful yet simple lecture the subject was so simplified that I wanted to "roll up my sleeves" and go after a case right then and there, feeling that I was "It". But after a short experience as an obstetrician and having been "up against the real thing" several times, I am bound to admit that my appetite for this particular line of work is about satisfied.

Abortion is the spontaneous expulsion of the product of conception by or before the sixteenth week of gestation, yet my rule in speaking to the laity upon this subject is to say "miscarriage, misfortune or mishap" in all cases from beginning to end of pregnancy—especially in those occurring prior to viability. I used to say "abortion" flatly, but I could see that the word was suggestive of something criminal and frequently a knowing sister would say: "Doctor, have you found out who fixed her?" Or, worse still, would look wise and knowing enough to cause even an easy conscience to get apprehensive for fear that the doctor would be suspected; for they think—especially the negro women—that the doctor can give a single dose of medicine that will fix things either way.

They are always wanting to breed or stop breeding. This, of course, applies to the negro women.

I once had a two hundred-pound chocolate-colored female who had borne eight children and was noted for her health and strength, thirty-four years old, to come to me and say: "Doctor, I'se missed three moons and I ain't guine to live thro' dis, kase I has sick stomick most ebry day and de palate ob my mouf is down and has been eber since I fust missed—gimme somting to pass it off to-day, kase I caint wash termorrow if you doant".

I have had women to advance, unsolicited, the information that Mrs. ———— drinks cotton-root tea, because So-in-so saw her gathering the roots and "I said, then, Doctor, that something was going to happen". Again, I have had them to tell me that such-and-such a person "knows her business all right, and Mrs. ———— went to see her last Sunday." And should the poor unfortunate female chance to have a miscarriage, mishap, and not abortion, and should the knowledge of the fact go abroad (as it always does) all minds would be easy and your patient would enjoy the sympathy of the majority and not their envy.

Now, gentlemen, I have not elected to discuss the different

kinds of abortion, their frequency, pathology, etiology and treatment any further than the report of the case I have selected to report here actually demands.

On June 8th. 1909 I was called to see Mrs. H———, age thirty-five, primipara, unusually fat. I found her having considerable hemorrhage, with frequent and fairly severe pains. I obtained the following history from her: She had been married four years—had aborted twice; once at eight weeks and once at twelve weeks. She had missed three periods this time; had morning sickness, changes in breasts and had frequent desire to micturate.

I proceeded, with difficulty, to examine the woman, expecting to find the cervix at least somewhat dilated, but found practically no dilatation. Her pulse was good; had been having pains and hemorrhage one hour. I gave at once one-fourth grain morphine hypodermically and inserted a sedative suppository. One hour later matters were worse, and, believing that I was not justifiable in waiting longer, I got busy. The cervix was still tight. I packed the cervix and vagina as tightly as possible with sterile gauze and gave a hypodermic of thirty mininms of ergotole and repeated the ergotole in four hours. At the end of four hours I removed my pack; failed to find the product of conception, but the cervix was slightly more dilated. I dilated a bit more and unlimbered my "trusty" (?) curette and curetted faithfully, painstakingly and "thoroughly" for several minutes and left the patient in pretty good shape so far as I could see. Several hours later I was called back to find her bleeding profusely. I introduced my right fore-finger into the uterus and raked away a goodly portion of the product of conception.

Gentlemen, this was too much for me! The very idea! When I had curetted so thoroughly and painstakingly! I sweated like an Esquimo at the equator and at the same time shivered like an African at the north pole.

By putting the husband through the third degree, I found that he had gonorrhoea twice during his single blessedness and the last case was contracted two months prior to his marriage.

After further questioning the woman I reached a diagnosis by exclusion. I decided her all abortions were due to a gonorrheal endometritis. In this I was borne out by subsequent microscopical findings. After the flow ceased I curetted and flushed with a solution of corrosive sublimate and then applied pure carbolic acid. I might add that I kept the woman in bed six or seven days longer and then treated the husband, giving him the permanganate of zinc as injection and methylin blue internally.

The patient is now worrying herself no little because of my absence from home for fear that a full-term heir may arrive before my return.

Resume: First, last and always, use the finger instead of the curette, provided the finger is long enough to reach the plum—and I think it always is. Second, be sure to ascertain the cause of the abortion. Third, work and charge furiously in this line of work, for it brings silver locks to the doctor's crown quicker than anything else known to me.

*THE DUTY OF THE FAMILY PHYSICIAN AS AN OBSTETRICIAN.

W. L. LITTLE M.D.,
WESSON.

I do not expect to advance new ideas, or detain you with a long paper, but I hope to remind the older members of our profession of many neglected duties that tend to prevent the work of the conscientious family doctor, one of the greatest in the practice of medicine. I will also advise the younger members, or those just beginning the work, that if they expect to accomplish their purpose, or attain eminence as followers of Aesculapius, they must begin at the moment of conception and train the expectant mother to bring forth babies who at maturity will be capable of mastering the issues of the succeeding generations.

Obstetrical practice in some respects is desirable, as it very often, especially in the beginning, paves the way for a permanent family practice. When you attend one in her first confinement the effect is far-reaching. Whether for success or failure, the news is passed around, and from one generation to another.

This being true, we should be fully competent to handle successfully every emergency, for we are not caring for one, as in ordinary surgical work, but one mistake may cause the loss of two valuable lives.

The spectacular triumphs of the surgeon, whose successful operation is heralded in the columns of the daily papers, and which seemingly makes the family physician look like the proverbial "thirty cents", do not compare to the success and glory of the true and tried obstetrician, when he delivers to the newly-made father and mother, who have been wishing for an heir these many years, and especially the last nine months, their first boy.

* Read before the Mississippi State Medical Association, 1910.

The surgeon claims there is something definite in his work, the eye specialist exclaims "we make the blind see", the ear man points to the fact that his patients are no longer deaf, and so with each specialist, but what is more impressive or exhilerating than when the faithful family doctor causes the newly-born babe to give its first cry.

I would not underrate the wonderful achievements of surgery, nor in the least dim the success and glory won by the important discoveries of such men as Koch, Pasteur and others, but their halos are dim when compared to the non-spectacular achievements of the home doctor, when successfully aiding and directing the parturient.

The above facts having been established, I will briefly outline a few points to be obeyed, that we may more readily accomplish the work for which we have been engaged.

Pregnancy is a natural sequel of marriage, and as the family physician of to-day should be a doctor just as capable of anticipating and preventing diseases as possessing the knowledge to cure, we should begin at conception and advise the anticipating mother how to live, so as to prevent the many possible alarming conditions of the pregnant or parturient state.

The doctor's knowledge and influence along lines of how to live, should be so impressed upon those with whom he comes in contact, or his clientele, that they would never think of consulting the old "grannie".

Imagine a family physician or a doctor, whose advice is not sought in preference to the midwife, for the many ills during pregnancy.

The latter is a fact, and due to carelessness and indifference of the average doctor in instructing the mother in the importance of the pregnant daughter seeking advice of a physician at frequent intervals.

When you are favored by having your services engaged for a confinement, make a note of it, in their presence, and instruct them to consult you at any time they notice conditions out of the ordinary.

Tell the husband the importance of an occasional urinary analysis, also instruct as to diet, clothing and exercise. Have them advise you when the feet, legs or face are swollen, of severe headaches or constant dizziness, and many other things that you may know may need your attention.

These things emphasize the engagement, and will invariably secure the case for you, or for some other physician.

I have seen many cases of puerperal eclampsia, but have

never had a case where my services had been previously engaged. By doing your duty as the family physician, you may not only prevent this dreaded complication of pregnancy, but many other troublesome and unnecessary ills.

Immediately after you reach a woman in confinement, ask that you be allowed to make an examination. Consent will usually be given, but if refused, explain the necessity of knowing her real condition, as to stage of labor, position of child, activity of kidneys and bowels, and many other conditions that may retard delivery. See that bedding, clothing and all needed articles are properly prepared.

Many of these things may seem trivial, but when done will show your superiority as a physician over the work of midwives and irregulars, and will also enhance you in public esteem.

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*A PLEA FOR ASEPSIS IN LABOR.

R. M. BOYD M.D.,

HOUSTON.

We would consider it criminal and an eternal disgrace for any physician to fail to be thoroughly aseptic when doing an operation, yet in labor cases where it is just as important, I submit to you, my brother practitioners, the profession as a whole is entirely too careless. As a result many of God's own women, who are willing to endure the agonies of labor that the earth may be replenished and their God glorified, are needlessly sacrificed; the heartstrings of devoted husbands are torn and they are left adrift without their mates; and orphans are left with a thorn in their sides, for the race that is before them. After some thought and investigation, I am prepared to say that were the true death-rate from puerperal septicaemia in our state known, you would be appalled. Our profession, however, is not entirely responsible for this deplorable condition of affairs. Many cases are managed by ignorant wid-wives and others are infected by careless nursing after the attending physician has done his full duty; but let us accept our share of the responsibility. To whatever extent we are responsible, to that extent is the profession we love so well dishonored. The more intelligent people know the cause of puerperal septicaemia, and they have a right to expect us to be skillful in preventive methods. So long as we are careless in this respect, so

*Read before the Mississippi State Medical Association, 1910.

long will the argument be made, and believed by many, that a good mid-wife is as good as a physician.

In the remarks that follow, I wish to say they are not specially intended for those who do hospital or infirmary practice exclusively, or those who do a city practice, where it is possible to have ideal antiseptic conditions; but are rather intended for those of us who do much country practice, and are handicapped by unfavorable conditions. Furthermore, I wish to say that in the following remarks I have reference to normal cases only.

In all normal cases we should at least, even under worst conditions, be able to get fairly clean sheets, and be able to sterilize the patient's external genitals and thighs. So far as the patient is concerned, we should feel safe to proceed. No effort should be made to sterilize the vagina because the normal physiologic defensive process offers better protection than we can hope to obtain by chemical antisepsis. Of course we are free to admit that if we suspect some previous or existing infection of the the birth canal, it is permissible. We should have our hands and arms thoroughly aseptic. My reason for mentioning this all-important thing on the part of the physician is that many of us seem to think if our hands are merely scrubbed at the beginning of labor, this is all that is necessary. I desire to impress upon you that it is just as important to have the hands and arms thoroughly aseptic in labor as in doing an operation. A bowl of antiseptic solution should be kept close by, that hands and arms may be immersed each time that it is necessary to make an internal examination.

With this preliminary preparation we can proceed, feeling confident that all is well. During the management of active labor, I contend that masterly inactivity is the most scientific procedure. During my early days as a practitioner, I had an exaggerated idea of what it was my duty to do. I was miserable without my forceps and other instruments, and constantly felt that I should be doing something. I submit that we are all too much inclined to interfere with normal labor. In seventy-five per cent. of our cases, labor is a natural process and we should not interfere unless nature fails to protect the interests of the mother and the child. To use forceps unless absolutely necessary, the unnecessary rupturing of membranes, the teasing of the os uteri to promote pains, and examinations that could be avoided, I contend are bad practice. The strict observance of Crede's teaching, I believe, would save a countless number of lives. His contention that internal examinations of the parturient woman should be altogether avoided or re-

stricted within the narrowest possible limits, is the gospel truth, and I wish that his teaching could sink deep into the memory of every practicing physician. It has been said by one of the leaders of our profession, that the natural tendency of normal labor is to prevent infection. We all agree that this is true, then conceive the folly of a better plan than God Almighty, himself, provided. To administer chloroform or ether in labor to that extent that pain is materially alleviated, I contend is bad practice for several reasons. It has a tendency to prolong labor. There is an element of immediate danger to the mother herself. It is a predisposing cause of post-partum hemorrhage because the elasticity of the womb is diminished, hence does not contract so readily. Even if post-partum hemorrhage does not occur, its relaxed condition invites infection. I believe that a thoroughly contracted womb is one of the best safeguards against infection.

The second stage being over, the greatest responsibility rests on the physician. It is at this stage of labor that many of us are inclined to do too much. The recklessness with which many physicians insert their hands into the uterine cavity to remove the afterbirth or blood clots, when it could be avoided so easily, makes me shudder. All other methods should be given a thorough trial before the hand is inserted into the uterine cavity, and then it should be done with real fear and trembling, even when the hand and arm are carefully sterilized. A very important thing that many of us neglect is the immediate repair of all lacerations that might occur during labor. To neglect this, simply invites infection for our patient. The use of a douche of any kind, either vaginal or uterine, regardless of whatever skill may be used in administering it, is bad practice and is never permissible in normal cases. Frequently the patient and attendants request it, and it requires courage to condemn it. The external genitals, thighs, etc., should now be thoroughly cleansed and sterilized, and clean gown, sheets and other necessary bedding provided for our patient, and positive instructions should be given the attendants that this be done daily. We should take special pains to combat the custom of placing over the vulva a pad saturated with rancid lard, fried meat grease and various other substances, and should demand that nothing be used but absorbent cotton or antiseptic gauze for this purpose, and that it be changed frequently. It is my observation that mothers who are unusually clean in their habits let the pad stay too long without changing, unless their attention is called to the great importance of the matter.

*CARE OF THE EXPECTANT MOTHER.

I. W. COOPER M.D.,
NEWTON.

The line of demarcation between a physiological pregnancy and a pathological pregnancy is indistinctly drawn. The advent and progress of gestation signifies great changes in the entire system. Civilization, the strenuous life and irregular habits make a normal pregnancy almost an impossibility. At any rate if we would consider every pregnancy as a pathological condition and keep our patients constantly under surveillance it would be far better for them. In doing this we can prevent a great number of the complications which at times attend this condition and carry a majority of our cases to a happy termination.

In this short paper I propose to discuss the care which we should give our patients during pregnancy and incidentally the treatment of the most frequent complications. Every woman should be impressed with the necessity of informing her physician as soon as she is satisfied that she is enciente. She should then be given positive instructions relative to what she should do to keep in good condition and she should further be indelibly impressed with the symptoms which forecast danger. There is no question but that the majority of the morbid conditions of pregnancy are due to toxemia or an absorption of the products which should be eliminated. So it necessarily follows that the organs of secretion should be kept in good working order.

Constipation is usually the most prevalent and persistent condition with which we have to deal. This should be corrected as much as possible by a diet which leaves a residue, such as fruits, raw and cooked, cereals, etc. Water should be taken freely. When it becomes necessary to give medicine to relieve this condition we have available the pills of aloin, strychnine and belladona, the aromatic preparations of cascara sagrada, which are pleasant and effective. An occasional dose of calomel at bedtime, followed by a saline next morning, has a markedly beneficial action. Lately I have given, with pleasant results, phenolphthalein. The contsant use of enemata and suppositories are contra-indicated as they have a tendency to aggravate hemorrhoids which are usually present.

The diet should not be restricted unless there be some contra-indication. A daily bath should be advised as this is necessary for personal cleanliness and for the stimulating and tonic effect upon the skin. Should there be troublesome vaginal

*Read before the Mississippi State Medical Association, 1910.

discharge, a mild astringent douche should be given.

Fresh air and exercise are important factors for the health of a gravid woman. The room should be well ventilated, as there is an excess of carbon dioxide thrown off and unless there is plenty of fresh air headaches will result. The majority of our women do not take enough out-door exercise. This is very necessary, as it gets the muscular system in good shape for the approaching ordeal. We should be careful, however, to advise against exercise to the point of fatigue.

It is well enough at the beginning of pregnancy to have the teeth carefully examined by a competent dentist, as pregnancy, because of the strain, causes odontalgia. And the defects should be repaired. I have never found where I thought the repair of the teeth produced any tendency to abortion. The dentist should be fully advised of her condition and arrange for short sittings.

The most important precaution to prevent disastrous consequences is the careful and systematic examination of the urine. The patient should be instructed as to the daily amount of urine she should void and with a little practice she can readily estimate the amount. Should there be any marked deviation from the normal quantity she should immediately notify the physician. It should be a fixed rule and we should insist that it be carried out, otherwise we will be responsible for results and that is that for the first seven months a twenty-four hour specimen of urine should be sent every two weeks and from then on once every week. The urine should be tested as to the specific gravity and for the presence of albumen. The estimation of the amount of urea daily eliminated tells us how well the kidney is doing its work. Should we find any abnormality and signs that the kidney is not working as it should we should assist the kidney by eliminating through all of the organs of excretion. Should an active toxemia develop and we find the patient suffering with headaches, disturbances of vision, oedema, epigastric pains, and a high tension pulse we should immediately begin the preventive treatment of eclampsia. We are all agreed that eclampsia is a toxic condition, and whether it be caused by disease of the kidney, a morbid liver or absorption from the uterine cavity makes no difference as to the treatment. It is bound to be eliminated. This is best done by putting the patient on a diet of milk solely and by active stimulation of all secretions. Large doses of the mild chloride of mercury should be given, followed by an active saline. High saline enemata should be given for the reason that they stimulate the action of the bowels and a considerable quantity of the solution is absorbed. This will dilute the toxines in the blood

and favor elimination. The skin should be made active by hot baths and woolen clothing. Large quantities of water should be taken. Edgar suggests the following combination, which is beneficial and a stimulus to practically all of the organs of secretion: calomel, digitalis and squill, of each one grain; muriate of pilocarpin, one-twentieth of a grain. This is given at bedtime and is followed by a saline the next morning. If in spite of all these measures the toxemia becomes more pronounced and it is seen that eclampsia is going to develop, the uterus should be emptied.

The clothing should be light and loose-fitting. After the abdomen begins to enlarge the clothing should be supported from the shoulder. If there is much discomfort from a relaxed condition of the muscles of the abdomen and the patient complains of pressure symptoms it is well to advise an abdominal supporter.

During the last months of pregnancy the breasts should be carefully looked after. If the nipples are retracted they should be drawn out daily. They should be washed with a mild antiseptic solution occasionally and a few weeks before confinement it is well to use some astringent application to harden the nipples. I have found the glycerol of tannin to be a very satisfactory application.

I would further suggest that we be not satisfied with an occasional urinalysis but should see our patients every two or three weeks. The patient will realize that we feel an interest in her welfare and this will have a good psychical effect. Aside from this we can possibly detect an approaching toxemia and not be compelled to wait for the more prominent manifestations.

We are all too lax in the care of our pregnant women. We take too much for granted. As stated in my prefatory remarks, the advance of civilization, carrying with it, as it does, foolish fashions and styles and the almost senseless and blind devotion of women to them, has augmented the dangers attending childbirth, and we, who have watched each stage and know the hidden dangers, should feel the responsibility which our knowledge, experience and calling places on us very keenly indeed. We can remove the complications and benefit the child, as well as the mother, and make the advent of a child the subject of pleasant anticipation rather than an occurrence filled with awful fears and the bed of accouchment one surrounded by happy and smiling faces rather than one over which the angel of death hovers, the flapping of whose wings bedims many an eye and draws the heart-strings of those of the home almost to the bursting.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

May 20th. 1910 will always be a red letter day in the history of education in Mississippi. On that day the University of Mississippi conferred the degree of medicine for the first time on four graduates who had completed the prescribed course. The occasion was one of marked solemnity and, in spite of the inclement weather, was attended by a large and enthusiastic gathering of friends of the graduates and the University. Chancellor A. A. Kincannon, and Dean Leathers of the Oxford branch were in attendance. The exercises were presided over by Dr. H. H. Haralson, senior professor, in the absence of the Dean. The following programme was carried out:

Invocation - - - - - - Rev. Dr. Hillhouse
Duet - - - Miss Marie and Mr. T. M. Searles
Commencement Address - Rev. William Mercer Green
Song - - - - - - - - - - Mrs. H. A. Bell
Delivering Diplomas and Conferring Degrees
Chancellor A. A. Kincannon
Song - - - - - - - - - Otto Weimar
Address and Delivery of University Hospital Diploma
Gen. S. S. Hudson
Benediction - - - - - - Rev. H. L. Weeks

Rev. Mr. Green's address was peculiarly appropriate, in that he was a young man speaking to young men. He laid down the four essentials to success in life: 1st., that manhood is all that counts; 2nd., character is destiny; 3rd., the day of service has dawned; and 4th., that all men are brothers.

Chancellor Kincannon's words of admonition to the graduating class have rarely been equalled; it is a classic, and deserves to be preserved; a speech showing the full realization of the scope of the University and her affection for her children. It was the most impressive thing of its kind the writer has heard, and the audience sat spell-bound, seeming to feel the impersonal presence of that long line of scholars, ministers,

lawyers and teachers evoked by the magic of the Chancellor's words.

We give the address in part, as follows:

"Gentlemen of the Graduating Class: It is my duty, as well as pleasure, in the name of the University of Mississippi, to confer the degree of doctor of medicine upon you. As you are going out into the world to practice your profession, I admonish you to remember three things. No man in any profession ever succeeds unless he build upon character; it must be the basis of true success; many achieve things, but not true success. In addition to character, the professional man must be competent; in the profession of medicine it is especially necessary. No man has a right to take the health of another in his keeping unless competent; no right to trifle with human life, and whenever he enters a home and takes charge of an invalid and knows he is incompetent by a lack of knowledge he ought to possess, he commits an unpardonable offense against society. He has no right to practice his profession until he understands the science and substance of the profession. He must be industrious, aggressive in caring for those who are committed to his keeping.

"The University of Mississippi never before conferred this degree. I regard it a happy duty to do this. The University has succeeded in everything it has attempted. The long line of scholars, teachers, ministers and lawyers who have gone forth from the University will cause you to be proud that you are of its alumni. As you are the pioneers in this department, remember the mark you set must be a high one; the ordinary things are not for you. The University of Mississippi expects you to do the best, the noblest; you are its representatives. Whether you will or not, the University will be judged by you. Where you reside, your stand will be a reflection of the University, that is, it will be measured by the things you do. The people with whom you come in contact will respect the great institution, if you do your duty. I have no fear of your competency. I am interested in you as representatives of the University, as, exceeding proud of the institution, I feel a sense of anxiety as you are the first medical graduates and I have an intense interest in your welfare. You cannot go beyond the pale of the University influence; like a mother, whose son goes out into the world, the University will send its affectionate thoughts after you.

"I congratulate you on your training by a splendid faculty. The University is proud to point to this faculty, because this is its first year, its first graduating class. The University has

confidence in its faculty, and is proud to say to the people of Mississippi, these are our sons.

"We bid you God-speed and wish you success, wherever you go. We hold you in fond remembrance and wish the greatest good fortune to come to you as physicians. By authority as Chancellor of the University, I confer these diplomas and the degree of doctor of medicine upon

W. A. Walton,
G. W. Montgomery,
L. K. Mayfield,
J. C. Herrington.

To the faculty, on behalf of the Trustees of the University, and as executive officer of the University, I publicly acknowledge and desire to speak in highest appreciation of the splendid efforts in your behalf and in behalf of the institution by their patriotic, unselfish actions."

The graduates have all passed the State Board very creditably and will begin their profession in the state of their education. Dr. Herrington has been appointed pathologist to the Insane Asylum at Jackson, Dr. Montgomery will be at Louin, Dr. Walton goes to Berclair, and Dr. Mayfield will remain at Vicksburg. Already the outlook for next session is extremely flattering, and, judging from the comments of the state press, the day will not be far distant when Mississippians will all take their courses in medicine, as in law, in their native state.

S. Myers.

Society Proceedings.

Clay-Lowndes-Oktibbeha Medical Society held its inaugural meeting at Starkville March 24th., Councilor Brown presiding and Dr. C. E. Lehnberg acting as temporary secretary. By unanimous vote the following officers were elected: President, W. D. Hubbard, West Point; Vice-Presidents, R. S. Curry, Columbus, and J. W. Crumpton, Starkville; Secretary-Treasurer, F. C. Spalding, Crawford; Delegates, W. D. Hubbard of Clay, R. S. Curry of Lowndes, J. W. Eckford of Oktibbeha. The annual dues were fixed at one dollar and all members in good standing of the Clay-Oktibbeha and Lowndes societies were recognized as charter members. Next meeting will be held in Columbus June 23rd. F. C. Spalding.

Clay-Oktibbeha County Medical Society met March 24th. at Starkville. By request Councilor Brown introduced

the plan of organizing the three counties, Clay, Oktibbeha and Lowndes in one society. Dr. R. S. Curry responded in behalf of Lowndes county. It was decided that the Clay-Oktibbeha Society surrender its charter and unite with Lowndes. Dr. Brown read a paper on Inheritance And Predisposition, which was discussed at length. Mrs. Montgomery was introduced and addressed the society in behalf of the W. C. T. U., urging the physicians to abandon the use of alcohol in their practice. A resolution on the death of Dr. J. W. Edwards was adopted. The society then adjourned *sine die.*

F. C. Spalding.

DeSoto County Medical Society held its regular annual two-day meeting in Hernando, Monday and Tuesday, May 9th. and 10th. The following members were present: C. L. Maples, J. H. McNeil, W. T. Wilkins, S. M. Watson, H. F. Byers, W. F. Rhodes, J. M. Wright, E. G. Meriwether, L. H. Brevard, W. A. Powell, A. L. Emerson, W. S. Weissinger, T. M. Jones, A. J. Weissinger. Drs. E. M. Holder, G. G. Buford, George Livermore, Joe E. Johnson and W. J. Wadlington of Memphis and Sydney Eason of Cold Water were in attendance at the night session, Monday. This was one of the very best meetings in the history of the society.

A. J. Weissinger.

East Mississippi Four Counties Medical Society met at Houston May 10th. at 2 P. M., President Boyd in the chair and Dr. E. K. Guinn acting as secretary pro tem. Several of the members being late, miscellaneous business was first considered and the society discussed the attitude towards negro practitioners, the consensus of opinion being that we should at all times render any assistance possible for the sake of humanity, but cannot afford to meet them as consultants. Every member of the society was urged to procure a copy of the outline post-graduate course as offered by the A. M. A. Dr. C. B. McCown of Prairie read an interesting and instructive paper on the status of tuberculosis in the county. Dr. R. M. Sadler of Okolona delivered an address on tuberculosis. A motion prevailed that the next meeting for Chickasaw County go to Okolona. Drs. J. B. Mitchell of Houlka and H. H. Taylor of Okolona were received as members. Next meeting will be held at Aberdeen the second Tuesday in June at 1:30 P. M.

F. J. Underwood.

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*HOW SHOULD THE HEALTH OF THE FUTURE WIVES AND MOTHERS BE SAFE-GUARDED?

J. W. YOUNG M.D.,

GRENADA.

We are bound to admit the importance of the subject, yet there is no great deal to be said about it which is not already familiar to the members of this Association.

All I can hope to do that might be beneficial will be to give somewhat of an epitome, or as it were a compend of what should be known by any doctor of to-day.

Ex-President Roosevelt, among many wise things to which he has given utterance, never said anything truer than that "Our national health is physically our great asset. To prevent any possible deterioration of the American stock should be a national ambition." In order that we may fully realize the importance of this subject we must begin at the beginning.

The future child which is some time to be a wife and mother is not in the least responsible for her being. If the father has been a "high roller", and in "sowing his wild oats" has in the past contracted syphilis, he often hands down to his offspring diseased cells which may be her complete undoing as the years roll by, and thus wholly unfit her for motherhood, and yet in time she marries and is entirely ignorant of the storm that is brewing in her body, which may some day break forth in relentless fury and perhaps consign her to either the mad-house or the hospital, and yet she may be the mother of several children.

The question naturally arises, how are we to safeguard the health of this mother and her offspring? They are the descendants of a libidinous forefather. They are the victims of a lustful father. They may live, marry and bear children, and yet drag out a miserable existence. How are we to safeguard the health of such as these? I fear that a real tangible, practical, solution of this kind of a problem is beyond our ken.

If a mother is mentally, physically and morally correct we may expect her to transmit these qualities to her children.

*Read before the Mississippi State Medical Association, 1910.

To do this she will begin early training and keep it up so long as she is with her daughters and they with her.

To rear a girl so that she may be a good and true wife and mother she must be the offspring of, and under the training of, a true woman and a good mother. This good mother must begin with her daughter in the earliest years and gradually train her up, so that she may be familiar with all the hygienic and sanitary rules governing her physical being. In early life she should be allowed open air as much as possible, and be trained in athletics and out-door sports. She should have comfortable, loose-fitting clothes and above all she should not be permitted to wear stays or a corset until she is fully matured. When she reaches the age of puberty she should be the special object of her mother's care. Her mother should give her plain and minute instructions in regard to her menstrual function and take her into her full confidence, and now acquaint her with the ultimate object of her being, and how best to observe the laws of health, which best fit her for wifehood and motherhood.

Her mother should be capable of selecting her reading matter. All yellow novels and sensational literature should be strictly tabooed. In childhood she may with propriety be allowed to romp and play with the boys, but as she buds into womanhood she should be constantly advised by a discreet mother as to her manner towards, and association with, the opposite sex.

In this day and time it is quite common for boys and girls to attend socials, moonlight picnics, etc., under the care of a so-called chaperon. A majority of these chaperons are first-class frauds so far as their espionage and motherly care of the girls is concerned. As a general proposition the youngsters are allowed to do any old way.

To illustrate: in a surgical association a few weeks since I heard a doctor tell for a joke a story which I would consider quite a slam on the chaperon for that occasion. The doctor stated that he had occasion to visit a lunatic asylum and in one of the wards he noticed a young man who was whistling like a lark, and then repeating the words "I'm a lark". The doctor said he was curious to know something of this man's history, so he went up to him and asked him why he was whistling and repeating the words "I'm a lark"? The man stopped long enough to tell him that 'when his mother and father were youngsters, they went to a moonlight picnic, and while there went off up the river on a lark'; he whistled again and added "I'm the lark".

Mothers cannot be too particular in regard to their daugh-

ters' associates. It may save many heartaches and ruined homes.

Again, the girl should not be put in school until at least eight years of age, and she should remain in school only four hours a day for the first few years of her school life, and never over six hours at any time of her scholastic career.

The pernicious, nerve-racking, neurasthenia-producing, abominable system of cramming and prodding the child in the schools of to-day is a device of the devil, and should be prohibited by law. *"Mens sana in corpore sano"* should be a motto in every school, for "all work and no play makes Jack a dull boy", and hence it should be the aim to advance the physical as well as the mental organism. A careful mother should look after the dietary of girls. The digestive organs of many of our girls are being constantly destroyed in their functions by improper diet and improper hours of eating. Constipation, headaches, backaches and various nervous affections often follow in the wake of digestive troubles.

Above all things, girls should be taught system in everything. A time for study, time for play, time for work, time for sleep, time for eating, time for bathing. The girl should not be allowed to sit in the library for hours whilst her good mother is out doing the drudgery. Some of this she should take upon her own shoulders. She should be taught never to kiss any one, nor allow anyone to kiss her on the mouth.

While she should love her neighbors as herself, she should never swap chewing-gum with them, or take partly-eaten food, candy or fruit. She should never put a pencil, nor her soiled fingers in her mouth, and she should bathe her hands before going to each of her meals.

Above all the girl should be taught modesty, pure and simple, which will prove one of her greatest assets. When the girls are thus properly trained, as they enter womanhood they are fully equipped to make good wives and good mothers, and they will bring forth those who will be the future good and useful citizens of our great republic, whose institutions can alone be maintained by and through the influence of good and pure mothers.

In the United States and Canada there are now approximately 135,000 practitioners of medicine. Of this number 2,199 died during the year 1909—a death rate of 16.29 per 1,000. The average death rate in the United States of people in all walks of life is approximately 16.1 per 1,000. *Journal Medical Society New Jersey.*

*SOME OBSTACLES IN THE SURGICAL TREATMENT OF GYNECOLOGICAL CASES.

H. N. PAGE Jr. M.D.,

UNIVERSITY.

During the discussion of one of the gynecological papers read before the American Medical Association at its meeting last June, one of our prominent physicians said, in substance, that the results of gynecological operations had not kept pace with the advance in general surgery, and that many of his cases did not show the expected improvement, some of them being in no better condition and some even in a worse condition than they were before operation. This state of affairs was most discouraging to him and made him doubtful of the propriety of referring gynecological cases to the surgeon except as a last resort.

While not nearly so radical as the opinion referred to, there is certainly present among the general practitioners throughout the country a sense of dissatisfaction with the results of gynecological operations. Far too often do we hear the complaint "a patient was operated on, but there doesn't seem to be much improvement". This dissatisfaction has become so widespread that notice must be taken of it, and steps instituted to prevent a feeling that bodes ill for the future of gynecology. This feeling is, in many cases, not without reason, and it is the purpose of this paper to point out a few of the principal causes, and to suggest remedies for this most serious drawback to surgical gynecology. It is undoubtedly true that there are many cases that are not benefited by operation, many that, while relieved temporarily, after a few weeks or months revert to a similar or worse condition of affairs than before. The responsibility for this rests not alone on the surgeon, for the physician bears an equal if not greater part.

In the first place there is a tendency on the part of the majority of physicians to lose sight of the chronic character of the conditions that call for surgery, and to regard them as acute affairs which should be immediately cured by operation; for example pyosalpinx, a very frequent cause for operation, is in most instances caused by gonorrhoeal infection, and as the infection has the whole of the genital tract to traverse before it even begins to affect the Fallopian tube, it is of necessity chronic, and even after the removal of the offending organ,

*Read before the Mississippi State Medical Association, 1910.

there still remains the infection in the rest of the tract to be cured of gonorrhoea. The same would be true of a lacerated perineum; the mere mechanical extent of the injury, unless it be a complete tear, produces few symptoms and it is generally the symptoms due to the involvement of other organs that cause severe trouble to the patient, so that even after repair there remains the congestion throughout the genital tract to be treated. The same thing may be said also with regard to displacements of the uterus as well as many other conditions leading to gynecological surgery. Therefore it is unfair to expect immediate cure by operation where not only the tissue removed, but other tissues as well, are involved and while an operation may go far towards assisting, there still remains much to be done in the way of medical treatment.

This medical treatment is perhaps just as important in gynecological cases as the surgery and this applies not only to the after-treatment, but also to the preparing of the patient for operation. Unless there are immediate indications it should be our duty to have the patient in the best possible condition before operating. The strain and the wear and tear of an operation is a severe drain on the strongest of constitutions, and the further the patient is removed from a perfect physical condition, the less chance she has of an early and complete recovery. No distinct line of separation should be made between the surgical and the medical treatment of gynecological cases, neither one is a success without the other, the two go together hand in hand, the one the complement of the other. Surgery alone cannot result in the immediate and permanent cure of all gynecological diseases and this should not be expected of it. So much is not expected in other chronic diseases, for example surgical cases of tuberculosis, unless it be one of those rare cases in which the whole process may be removed at operation, an immediate cure is not expected, and the physician is willing and ready to treat the patient for months after operation, and yet this same man will soon become dissatisfied if it becomes necessary to keep up any treatment whatever with a gynecological patient.

All this would hold true even if the conditions for operation were ideal, that is to say if we had an early diagnosis and a good physical condition of the patient, but unfortunately the gynecologist seldom has this, for the tendency of both physitian and patient, in cases of this kind where sometimes there are no acute symptoms, is to put off operation until a more suitable time, which never seems to come until the disease has gone too far to be immediately cured. This, more than any

other is the cause of the extensive treatment generally necessary and with which the general practitioner is so often impatient.

Again, even if the physician does undertake the after-treatment of the case he will unfortunately frequently go at it in a half-hearted manner, letting the slightest cause interrupt it, and sometimes quit altogether after a short treatment. It is admittedly extremely difficult to correct the mode of life of a patient, but it must be remembered that a large portion of gynecological disease comes from bad hygiene. The woman who leaves the hospital to return at once to her usual daily round of household drudgery, or to the dissipation of tight-lacing, receptions and late hours cannot expect the operation to afford relief from her sufferings. Yet the desirable partial rest-cure is rarely insisted upon. More especially to be avoided is the bad sexual hygiene that so frequently is the original cause of her trouble, yet often no really conscientious effort is made to prevent this. Even if such a patient were cured and returned to the same conditions, the former causes would lead to a recurrence of the disease and thus bring about an unsatisfactory result. The mere act of intercourse, even without any disease being present, may tend to prevent the patient's recovery, for the organs are generally not in any condition to stand the congestion and other effects brought on by this act. Many other suggestions as to the reasons for delayed recovery might be gone into, but these are so varied in the individual cases that it would occupy too much time here. Suffice it to say that the whole mode of life of the woman of to-day, nervous and excitable as it is, would tend, unless strictly regulated, to militate against an early recovery after a gynecological operation.

The surgeon also comes in for his share in the conditions which make surgical treatment unsatisfactory. The main fault on the part of the surgeon is the lack of surgical judgment. This is probably the most important factor in all surgery and manifests itself in many ways. It is quite as important to know when not to operate as it is to know when to operate, yet how few of us realize this; how many of us, carried by the excitement and glamour of a surgical operation, will dive in head first without a thought of to-morrow, without stopping a second to ascertain whether or not the time is most opportune, whether it would be better for the patient or even better for the operator himself to change some of the existing conditions. Another instance in which we often see lack of surgical judgment displayed in the failure to thoroughly remove the cause

of the disease. This may be due to inability to discover the cause, or, more frequently, if the operation be a very difficult one, it is impossible for the inexperienced man to do a thorough operation without committing the surgical crime of keeping the patient under an anaesthetic for three or four hours. An example may make this clearer. Suppose we have some trouble with the pelvic organs which would indicate a laparotomy and on getting into the abdomen we find a mass of thick adhesions making it extremely difficult to recognize anything at all. In the majority of instances the cause of the inflammatory condition that brings about the adhesions is tightly bound down at the very bottom of the mass and the condition can best be relieved only by breaking up the adhesions and by removing every particle of the infected tissue from which the inflammation is spread. Yet it is the greatest temptation, when it is found difficult to get at the seat of the trouble, to remedy those conditions that are easy to get at, and after breaking up a few adhesions to close the operation and let the patient go at that. If the ill effects of this kind of an operation confined themselves to the man who performed it they would not be so serious, but the patient is too often left in as bad if not a worse condition than before, and it reflects on all gynecologists, good as well as bad, and causes the class of cases so aptly termed by Dr. Jos. Price "Surgical Junk",* the bane of both the patient and of the surgeon on whom the burden of secondary operation falls.

Unfortunately surgical judgment can be learned in only one school, experience. We may read text-books and medical articles until we have covered the lists and our surgical judgment will be little if any better than it was at the start. Those who would acquire this fundamental principle of successful surgery must face the situations as they arise in a vast number of operations, by taking a personal part in them, by watching the surgical judgment of those who possess it. Of course the ideal place to learn is the large hospital, because there one may take part in a large number of operations in a comparatively short time and the mistakes in judgment on the part of the interne may be corrected by the surgeons in the hospital. Some of the foremost teachers of to-day have even advocated the spending of from three to five years in a surgical hospital before major surgery should be attempted in private practice. This,of course, is impracticable in most instances in the South at present, partly on account of the lack of hospitals and partly on account of the expense of a medical education, the men not

* Proceedings of the Southern Surgical and Gynecological Association, December 1909.

being able to give up so much time or money, although if the importance of this were realized, many more would get extensive hospital service than do at present.

Again the surgeon makes the mistake of not going over the case thoroughly with a physician, telling him wherein it differs from the ordinary and outlining the course of the after-treatment necessary in the special case. This would in many instances save a great deal of trouble afterward, not only in keeping the physician interested in his case, but also in emphasizing the fact that the cure by operation could only be obtained by careful and prolonged after-treatment.

These conditions, leading to the general dissatisfaction with the results of gynecological surgery, may be remedied then by the physician and the surgeon getting into closer touch with each other, that is to say by continued co-operation in the after-treatment. The surgeon should, if possible, see the patient in consultation with her physician at frequent intervals during the after-treatment. The chief obstacle to this is the feeling of the patient that such attentions are unnecessary and that any additional fee therefor is an undue expense. For such consultations, however, no fee should be charged, as they should be regarded as a part of what every surgeon owes to the patient upon whom he operates. Not only would this give the physician and the patient the benefit of the surgeon's advice, but would materially ripen the gynecologist's judgment. Then the physician should feel that he is always at liberty to get advice on the after-treatment and he should not be slow to take advantage of the opportunity. He should also make a consistent, conscientious effort to keep up the treatment and to prevent a return to conditions that originally caused the disease. More should not be expected of gynecological cases as to the rapidity of the cure than would be expected in other chronic diseases. Surgery should not be looked on as a last resort, rather give it a chance before the patient has become a physical wreck with little hope of early relief. The question to ask one's self is not "Is the patient ill enough to make operation absolutely necessary?" but "Is the present condition of affairs likely to lead to the continued ill health of the patient, and can surgery obviate this danger?"

If these conditions could be carried out we would hear less complaint of the results of gynecology, and operation would be a source of greater satisfaction to both the physician and the patient.

*THE STATE'S CARE OF THE TUBERCULAR POOR.

J. R. TACKETT M.D.,

MERIDIAN.

If there is any one patient more than another that deserves the sympathy and commiseration of his fellow-man, it is the poor unfortunate who has become a prey to the ravages of tuberculosis and is only waiting for the message to come and take his place in the ranks of the other untold millions who have yielded up their lives as a sacrifice to the "great white plague".

At the present time, with all the light of the ages to guide us in the knowledge that the disease is infectious, we have learned to look on it as the ancients looked on leprosy, and in its presence we shrink away and cry "unclean, unclean". Go into the hovel of the poor, and see the wasted, weary form lying prostrated on his bed, with dirty rags about him and gobs of sputum covering the floor, and we feel more uncanny than if we were entering into the pestilential atmosphere of a small-pox patient. While we sympathize with him, we dread him more, for we realize that tuberculosis is the greatest scourge of the human race and that, according to the United States Census Report for 1900, more than ten per cent. of all the deaths occurring in this country were assigned to this disease, and that over 150,000 persons die every year in the United States from it; then it is not strange that we should dread it as we do.

I believe that statistics would warrant me in the assertion that there is not a village or town of five hundred population in the state of Mississippi that has not one, or more, consumptive patients in it, and these people are a constant menace to the health of the other inhabitants. Especially is this true of the negro element, and it is to these that we can trace the foci of infection to so many others. These patients have no thought of danger to the public. As a usual thing, they live in dark, filthy, unsanitary homes that are reeking in uncleanliness and germ-life. They walk in the streets and expectorate anywhere and everywhere, throwing out great mouthfuls of bacilli-laden sputum on the sidewalks and the dusty streets. Of course this dry sputum, mixed with dust, is wafted through the atmosphere and is breathed by every one. While there is a law prohibiting expectorating in the streets and public places, I have yet to hear of a case where one was arrested and fined for the offense. There should be a law compelling such patients to

*Read before the Mississippi State Medical Association, 1910.

carry with them some bottle, or box, in which they must deposit the sputum as they expectorate it. A few such arrests and convictions, while working a hardship on the unfortunate, would have a salutary and beneficial effect in checking this dangerous habit. For the protection of the uninfected, and also to throw out the life-line to those who have already been stricken, it rests with the physicians of this association to make the fight to overcome the foe that is, and has been, claiming so many of our patients for so many years.

The question naturally follows as to the best method of making this fight and my idea is that it must come from a concert of action from the membership of this body. Are we to sit passive and unconcerned and see our patients stretch forth their withered hands and appeal to us with burning eyes to help them in their desolation? I recently saw the last of a family of five, all of whom sacrificed their lives on the altar of tuberculosis—and why? Simply because they were financially unable to leave their infected home and seek relief in a healthier atmosphere.

After all these years of scientific research and investigation, experience has demonstrated that the only efficient remedy for this disease lies in proper nourishment and God's great balm of sunlight and free, untainted air. We are, practically speaking, no nearer a panacea for this disease to-day than were our fore-fathers. The medical brains of the world have sought its cure and ever and anon a new remedy is heralded by some ambitious sojourner in the fields of science, and we grasp the hope and apply the treatment—and what is the result? At present the deep injection of succinimide of mercury has the stage, but will it prove of more than passing interest? And if not, then what? It's the old, old story. There is but one avenue of hope left to the tubercular poor, and that is to become wards of the state. And why should this not be done? Many other states are doing it and Mississippi is second to none in her charities and eleemosynaries. She has blazed the way along the educational lines for her children. We have two large and handsome hospitals for those unfortunates who are bereft of their reason, not only a comfortable home for the incurables, but modern resorts where many are restored to health and happiness. We have our Deaf and Dumb Institute and our Blind Asylum, and a number of the patients are benefited and are taught to be self-supporting and useful citizens. We have our charity hospitals where the sick and afflicted can seek and obtain assistance "without money and without price". We have our Old Ladies' Home, where someone's mother can find

peace from life's storms and hardships. Down on the borders of the Mexic sea, where the restless waters lap the shore of Beauvoir, old and helpless soldiers, who rode with Forrest or gave the "rebel yell" while following the sword of Lee or Stonewall Jackson, have stacked their arms and are watching and waiting for the ship to weigh anchor for that last, long journey across the ocean where many old comrades await their coming. To all of these institutions the state has been generous and liberal in its endowments. Why not come to the rescue of the tubercular poor? God pity them. I believe that Mississippi should erect and maintain sanitariums for treatment of this class of patients. These hospitals could be located at different parts of the state, on some high, dry ridge or mountain, or, if found more practical, one central hospital could be erected.

In building these hospitals nothing costly or elaborate need be used, in fact most of the homes should be made of canvas. There is no healthier sleeping apartment than a tent, which I can testify to after a year spent in one. Fifty or a hundred acres could be purchased cheap, and this would enable many of the stronger inmates to raise sufficient butter, eggs and vegetables to largely curtail the running expenses of the camp.

It is not my purpose, in this article, to go fully into the details of the character of the sanitarium to be erected, but simply to ask the Association to take steps in having this measure carried out. It is my understanding that such a bill is now pending before the legislature, but it is destined to die still-born unless the medical profession of the state takes some active part in lobbying it through. The average legislator is very wary of increasing the expenditures of the state's treasury, but if a large delegation from this Association were appointed to show them the urgent need, and the great benefit to be derived by the appropriation to such a worthy cause, I believe that a tremendous influence for good would be inaugurated. Something must be done to get rid of this tainted class of patients and to place them where they will no longer be a menace. The membership of the Mississippi State Medical Association represents the best, truest, most patriotic and broadest gauged personnel in the commonwealth, and they are big enough and strong enough and capable enough to wield a powerful influence if they will get together and demand their rights. If we do not take the initiative in all matters pertaining to health, how can we expect the enactment of such laws? I would be very glad to see the interest of this Association manifested along the line of better health in Mississippi and a resolution passed asking the legislature to make an appropriation for the state's care of the tubercular poor.

*WHY VITAL STATISTICS?

J. W. GRAY M.D.,

CLARKSDALE.

"Vital statistics, properly collected and kept, afford the only true measure of health or disease in a given body of people, and constitute an index showing where sanitation is needed and how it should be applied." Honan.

The superlative in the cynical phrase "lies, d—d lies and statistics", seems to aptly describe the mass of grossly inaccurate and misleading jumble of facts and fancies we are pleased to term "The vital statistics of Mississippi."

We need vital statistics to preserve our legal rights.

Listen to what Governor Hastings of Pennsylvania says: "In an enlightened community there live but few people of mature age whose birth, marriage or death does not at some time become a matter for the cognizance and consideration of legal authorities. The attainment of majority with its rights and duties, the fact and date of wedlock, the inheritance or conveyance of property, the parentage and nationality, place, date and cause of death, and interment, and many other questions of a sociological, economic sanitary or even historical character, often assume much importance. In the absence of a state system of registration many of the citizens are deprived of their legal rights, or usurp those of their fellows."

In any court in Mississippi it would be far easier to make legal proof of the birth and death of Farmer Smith's well-bred-jack-ass than of the birth and death of our illustrious and beloved Lamar.

Under our present laws the pure blood of your registered bull can more readily proven than your own legitimacy, and we of the South, where the faintest suspicion of the slightest taint of Ethiopian blood brings a shudder of horror, and means certain social damnation, seem to have been strangely careless in not providing unimpeachable record proof of the freedom from such taint.

Human life is said to be cheap in Mississippi. And indeed it would seem to be true. Foul murder, unless done by open violence, need have no fear. Lucretia Borgia would have reveled in the laxity of our laws, for who may ask "How was this man sent away?"

We need vital statistics for sanitary reasons. Listen to what Dr. Lindsley of Connecticut says: "There is a consensus

* Read before the Mississippi State Medical Association, 1910.

of opinion among all sanitarians that modern sanitary science owes its present advancement to the registration of deaths, and the conditions and localities in which they have occurred.

It must necessarily furnish the basis of all sanitary reforms and especially direct the course of sanitary legislation."

Are you convinced of the need when one physician can trace in six years the deaths of four individuals in four different families to one single tuberculosis-infected cabin?

We stand shoulder to shoulder, and often cheerfully sacrifice valuable material benefits in our zeal against social equality, and yet we sit complacently still, and allow the great black cloud of infection from malaria and tuberculosis to envelop us, apparently never realizing that it is a danger much more real than social equality can ever be, and one that will surely burst soon into a whirlwind of devastation.

We, as physicians, are presumed to be the commanding officers in the army of sanitation that is fighting the battle for human life and human happiness against the forces of disease and death, and yet we have been so derelict in the duty of educating our followers in the knowledge that "vital statistics constitute the only true index showing where sanitation is needed, and how it should be applied" that they do not realize the danger nor know where the enemy lies hidden.

Public sentiment would be outraged, and would demand the severest punishment be meted out to the physician who would wilfully fail to report a death from yellow fever in any southern community, and yet consumption is killing its thousands where yellow fever has killed its tens. Typhoid fever takes toll from us all. Pneumonia and malaria do not respect the most tender ties. Scarlet fever and diphtheria pluck the little flowers God gives us to perfume our lives, and yet these and a host of others are preventable deaths, and sanitation, "the child of vital statistics", can save them nearly all.

Reception To Dr. Jacobi, Of New York.

The Medical Society of the State of New York gave a reception to Dr. Abraham Jacobi at the Academy of Medicine, May 6th. 1910, in honor of his eightieth birthday. Dr. Joseph D. Bryant made the address of welcome and Dr. Charles Jewett presented the guest with a bronze medallion of himself. This was unveiled by Miss Ruth McAneny, the granddaughter of Dr. Jacobi. *Journal Medical Society New Jersey.*

Medical Department, University of Mississippi.

Vicksburg, Miss., June 25th. 1910.

To The Medical Profession Of Mississippi:

The trend of medical education the last few years is towards universities. In keeping with this idea the University of Mississippi has established a medical department covering four years of eight months each, two years of which are given at Oxford and the junior and senior years at Vicksburg. The entrance requirements are as high as those of the best medical colleges in the country.

The purpose of the Medical Department of the University is to educate men in medicine and train them for its successful practice.

The qualities most required for success in the practice of medicine are a high sense of honor and duty, habits of industry, thorough acquaintance with the fundamentals and practice in medicine and surgery, and a mastery of the methods of study and research.

In order to accomplish these purposes the Chancellor and the trustees of the University have selected a corps of teachers for their fitness to teach and train in their respective departments, and the Legislature has wisely provided an equipment second to none in the South.

Osler says: "If we could turn our third and fourth year students into the hospitals and make them part and parcel of its machinery we could give them at least a good introduction to their life work; and a man could enter upon practice with a rational outlook on disease and be prepared to continue his education with the help, not at the expense, of the public." This is exactly what the University of Mississippi has done. She owns the hospital at Vicksburg, with a capacity of one hundred and fifty beds, which affords a great abundance of clinical material both in medicine and surgery. The students here get a bed-side training unsurpassed by any school, North or South, and unequaled by any school anywhere that does not possess its own hospital. It is not our object to increase the number of doctors in the state but to divert the great body of our young men, seeking education, from proprietary schools of adjoining states by providing a University Medical Department of acceptable standard within our own state. Nearly every state in the Union educates its own physicians. Alabama educates about

ninety per cent. of her physicians; Arkansas about eighty per cent.; Colorado fifty per cent.; Connecticut seventy-two per cent.; Georgia seventy-five per cent. and so on through the whole list. There is no reason why a state should not educate its own physicians and there are many reasons why it should.

Flexner, in the last report of the Carnegie Foundation on medical education in the United States, says that Mississippi is not favorably situated for the entire training of its doctors, meaning that we have no large cities from which to draw clinical material. He commends the University of Michigan Department of Medicine and Surgery, which is located at Ann Arbor, a town with a population of fourteen thousand seven hundred and thirty-four, smaller than Vicksburg by ten thousand. He says the school is fortunate, however, in the possession of its own hospital, every case in which can be used for purposes of instruction. The number of beds is not given but the "clinical material is of sufficient amount".

Of the University of Virginia he writes: "Charlottesville, population seven thousand three hundred and seven. The University hospital of one hundred beds (eighty of them ward beds) is the laboratory of the clinical teachers. There is a small dispensary. The experience of a few years warrants the belief that a clinic in most lines, for a school of two hundred students, can be developed at Charlottsville if the University can afford it. An alumnus of the University of Virginia informs us that Charlottesville is a "typical university town", which we take it means that it includes an unusually large proportion of educated and refined men and women, who, especially the latter, cannot be used for clinical material.

To tabulate:

	Population of town.	Beds.
Michigan	14,734	Not given
Virginia	7,307	100
Mississippi	25,000	150

We fail to see how he justifies his statements when the status of these schools is compared.

To the credit of Flexner let it be said, however, that he sounded the correct note when he said: "The present duty of the southern state universities is not to press prematurely to a standard that either cannot be enforced or that if enforced will relegate the main army of students to medical schools without either facilities or ideals, but to endeavor themselves to get hold of a sufficient body of students to meet the demand of an enforced basis, to improve their facilities so that this number

can be well trained, and to urge the legislature to make their standard the practice standard of their respective states. Under more favorable circumstances, a decade hence, the state can and should ask more. But just now it is more important to develop the medical department of the state university at the high school level than to push it higher, leaving the training of southern physicians to schools without ideals or resources."

In view of the facts set forth above we feel that we should have the support and co-operation of the medical profession of Mississippi.

Trusting that we may have such, we are

Yours truly,

H. H. Haralson,
B. B. Martin,
S. Myers,
Executive Committee.

Mississippi State Medical Association.

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MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The proposed changes in the bylaws, creating a medico-legal defense bureau and providing funds for its maintenance, that were introduced at Oxford and tabled until the 1911 meeting are altogether excellent and should pass unanimously. The protection secured for the small per capita tax is an investment that none of us can afford to overlook and the advisability of securing it is so evident that we cannot conceive of an argument against it.

The actual working of the plan is to be left with the council, which is to be, permanently, the medico-legal committee and which will also have charge of the affairs now cared for by the committee on public policy and legislation. This is a capital move since the personnel of the council changes slowly and its members are selected from different sections of the state and, by virtue of their official duties, are brought more or less closely in touch with the members of the Association throughout the state.

The plan, therefore, in its entirety, meets our heartfelt approval and in order that there may be nothing to stand in the way of its successful and harmonious operation we venture the suggestion that the question as to what limitations are to be placed around the beneficiaries be clearly understood and regulated by law in order that the work of the council may be simplified as far as possible and that possible contentions and subsequent hard feeling be prevented.

Sec 4 of the proposed new Chapter XIV sets forth that "The Council shall not undertake the defense of any suit brought for acts committed before the applicant for defense become a member of the Association".

Article IV, Sec. 2 of the Constitution of the Association law states that the members of this Association shall be members of the component county societies.

Now the bylaws of most county societies contain a clause

to the effect that all dues are payable on January 1st., that failure to pay by April 1st. suspends the member automatically and that the member shall be dropped from the roll at the end of the year.

To give a concrete example: Dr. John Brown is a member of the Association in 1911. In January 1912 he is financially tight, or has lost interest in the Association, or has been mixed up in a row with his local county brethren so that he no longer cares for his county society, or he may be simply inert or careless. At any rate he doesn't pay his dues. On April 1st. he is automatically suspended but his county secretary neglects to inform him of the fact. In the latter part of the year he has a disagreement with a patient and in December he finds himself threatened with a suit. Under ordinary circumstances he would never think of paying his 1912 dues but he can insist on being defended. Moreover if the Association does not defend him he can bring suit and probably compel it to do so. At any rate he could put the Association to considerable expense and give it a good deal of unpleasant notoriety. This is decidedly unfair and should be regulated. We have always adopted an extremely liberal policy towards those men whose dues come in late—receiving them any time during the year and crediting them with the full year's membership. But they have never been credited with any membership until the dues were paid for this reason: the secretary of the county society reports the names of his members to the state secretary on or about April 1st. If from his list he omits the name of a man who was a member the previous year the state secretary has no option but must remove him from the Association roll. It is none of his business that the name does not appear. The man may be dead or may have been expelled or may have left the state. The name is left off the Association roll but if he be alive and has not been expelled from his county society he is still a member of the Association because the bylaws so provide and he can claim that membership and its privileges if he so desires. He is barred only from participation in the proceedings of his county and election to office therein. It is possible that he might force the secretary to certify his membership in the State Association and if so he is eligible to office in the Association.

The possibilities of the Association being imposed on in some such way are respectfully referred to the council and the committee that drafted the proposed amendments. We believe that they are worthy of consideration.

Society Proceedings.

East Mississippi Four County Medical Society met at Aberdeen June 14th. at 2 P. M. Owing to irregularities in the train schedules the attendance was small but those members present made up for the scanty attendance by supplying an extra amount of enthusiasm. The president read the best paper it has been my privilege to hear on "What The Practitioner And The County Society May Do To Aid The Council On Pharmacy And Chemistry". Owing to the unavoidable absence of Dr. H. H. Goyer of Okolona, his paper, "The Difference Between The Ethical Proprietary And The Secret Nostrum", was read by the secretary. Discussion of this was quite free and full. Next meeting will be held in Amory July 12th.

F. J. Underwood.

Harrison County Medical Society met in regular session at Gulfport June 14th. 1910 with a good attendance. Those present were: Drs. Jones, Parker, Hopper, Cox, Folkes, Hall, Rowan, Sheely, LeBaron, Carroll, West, Mohler, Welch, Strange, Cowart and Dr. Leathers, a visitor, who in an address to the society explained the intentions of the State Board of Health in regard to the proposed campaign of public health and sanitation. He stated that is was the intention of the State Board of Health to divide the state into districts, each district to be placed under the supervision of an instructor who will be engaged to give his entire time to instructing the public along the lines of preventive measures, public health and sanitation, with especial reference to the prevention of uncinariasis and typhoid fever. Later the acute infectious fevers will be taken up. Each instructor will be equipped with all necessary literature, microscope and accessories, together with a stereopticon with various slides, etc., necessary to carry on his work of public education along this line. There will be located in Jackson, a laboratory in charge of a competent bacteriologist where examination of specimens of sputum, fecal matter, blood, etc., will be made for the various health officials of the cities and counties free of any cost. It will be the purpose of the health instructors to work in conjunction with the various physicians throughout the state in determining the prevalence of hook worm and typhoid, together with other matters pertaining to the public health. No instructor will receive any fees for his work other than the salary paid him by the State Board of Health. It is the purpose of the State Board to make

this a permanent institution looking forward to the betterment of health and sanitation throughout the state. It has been estimated that forty per cent. of the population of South Mississippi are infected with hook work. Dr. Folkes of Biloxi gave an interesting talk along these lines and made a motion that this society go on record as heartily endorsing the State Board of Health in its action in this matter and urge that the legislature make sufficient appropriations to insure the maintenance of this great work. The motion prevailed. There followed a general discussion of the hook worm problem. Dr. Welch of Woolmarket, who has had an excellent field of observation along this line, was called upon to give some of his experiences. The Doctor responded with a very interesting account of a number of cases of this disease. Dr. Sheely reported an interesting case in which there was considerable oedema followed by a severe neuritis. The patient was treated and improvement was marked. Some months after the initial treatment the patient became almost totally blind, being able to differentiate light from darkness with difficulty. The case was referred to an oculist, who found an opacity of the lens in both eyes. An operation was undertaken upon one eye with the result of restoring sight to that eye. Operation was refused upon the other eye, although the specialist was confident of success. There followed a discussion of "ground itch", its cause, symptoms, clinical appearance, treatment, etc. Some interesting features were brought out by the various physicians, several of whom had had personal experience when boys. Dr. Welch suggested the probabilities of cows becoming infected and acting as a medium through which the disease is disseminated. Report of Board of Censors upon the application of Dr. W. H. Hall being favorable, it was moved that the report be received and filed, Dr. Hall being declared duly elected to membership in this society.

G. F. Carroll.

Tri-County Medical Society (Pike, Lincoln, Copiah) met in Brookhaven Tuesday June 14th. with the following members present: Arrington, Butler, Beacham, Dickerson, Higdon, Jones D. W., Little W. L., McRee, McLeod, Purser, Magee D. W., Rowan J. A., Robertson G. W., Segrest, Johnson. The following visitors were present: Drs. Dampeer, Lewis and Sartin.

Dr. Rowan presented some very interesting cases, after which the regular program was taken up. Dr. Johnson read a paper on Empyema, illustrating the Beck Bismuth Paste Treatment. The paper was discussed generally. Dr. Little

read a paper on Dwarf Tape-Worm, reporting two cases found at Wesson. Dr. Jones reported a case from Brookhaven. This being a rare parasite, there is very little literature on the subject, and this seems to be the first report of the parasite found in this state. Other essayists being absent, the program was closed. Members and guests were then invited to refreshments tendered by the Brookhaven Club. Next meeting will be at Brookhaven August 13th.

D. W. Jones.

Association Presidents.

J. W. YOUNG, Grenada.

President 1910-11.

John William Young was born Oct. 27th. 1846, in what was then in Carroll, now Montgomery County, Mississippi. His father, Samuel Hart Young, was from Albemarle county, Virginia; his mother, who was Catherine W. Small, was from Tipton county, Tennessee. Both were early settlers in Carroll county, somewhere in the thirties. Dr. Young attended the "old field schools" of that day and time up to June 1863, when he entered the Confederate army, under Forrest. He was captured at Selma, Ala., April 1865 by Wilson's command in Forrest's last fight, was paroled at Columbus, Ga., April 10th., and returned from there to Carroll county and went to work on the farm, studying medicine in his leisure moments. He entered Tulane University in the fall of 1867 and graduated from there in March 1869, settling in his native county, where he practiced until January 1890, moving thence to Grenada, where he still resides and is still in active practice.

On February 20th. 1873 Dr. Young married Miss Molly L. McCain, of Carroll County, whose ancestors were North Carolinians and whose father was president of a female college at Columbus, Miss., somewhere in the fifties, and from this union there are eight living children—two boys and six girls.

Dr. Young was a member of the "Ku Klux Klan" during the reconstruction period and did his dead level best to get the "negro's feet off the white man's neck". He was chairman of the Democratic Executive Committee of Carroll county from 1882 to 1890 and chairman of the County Prohibition Executive Committee. In 1888 he was delegate from his Congressional District to the Democratic National Convention; that which

nominated Mr. Cleveland for his second term. He is a member of the A. M. A., of the Winona District Medical Society, of the American Association of Railway Surgeons, of the Joint Association of I. C. and Y. & M. V. and Indianapolis Southern Railway Surgeons and has been a member of the Mississippi State Medical Association since 1877. In 1882 he was president of the Carroll County Medical Society. He is a member of the Presbyterian Church and several secret orders and has been chief health officer in Grenada for the past twelve years.

Letter to the Editor.

FLORENCE, MISS., June 4th. 1910.

To the Editor of the Mississippi Medical Monthly:

The letter of Dr. Folkes to President Jones of the State Medical Association in regard to the establishment of an Academy of Medicine of the State of Mississippi, the building to be utilized as a home and meeting place of the State Medical Association, and serve as a museum and library for the profession, contains an excellent suggestion, and the movement should have the hearty co-operation of every member of the Association. Almost all physicians have interesting and valuable specimens which they would gladly donate to a museum, and by voluntary contributions a valuable library could soon be established.

I trust the Doctor's suggestion will meet with encouragement.

Yours very truly,

E. K. WHITE.

Pension For Yellow Fever Victim.

As a reward for his services in the study of yellow fever, John Kissinger of Indiana, formerly private in the U. S. Army, was granted an annuity of $1,500 by the United States Senate. *Pennsylvania Medical Journal.*

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*ADHESIONS OF THE LOWER ABDOMEN; THEIR CAUSES AND INDICATIONS FOR THEIR SURGICAL RELIEF.

A. G. TROTTER M.D.,

GREENWOOD.

It is not my desire, nor the purpose of this paper to add any new knowledge to this subject, but to re-hash the old, hoping thereby to elicit a discussion at your hands. The operative treatment for appendicitis belongs exclusively to the nineteenth century. Occasional reports of operations are recorded at earlier dates. The first recorded case of disease of the vermiform appendix, is the classical one of Mestevier, reported in 1759. In the year 1824, a Frenchman, Louyer Villermay, published an article which at once established a definite place for lesions of the appendix in the category of recognized disease.

In 1827, another Frenchman, Melier, published an article so full of thought and insight that it might well have marked a historical epoch on the subject had the author possessed the courage of his convictions and had he been able to combat Dupuytren, the greatest surgical authority of his time. Melier goes a step farther than the authorities previously referred to and applies the knowledge gained from these acute cases to chronic forms of the same disease. To Melier, then, belongs the credit for distinguishing inflammations of the appendix from inflamamtory conditions affecting other portions of the intestines with greater acuteness than any of his predecessors. He first formulated correct conclusions as to the existence of such inflammation in a chronic form and he first recognized the casual relation between this chronic affection of the appendix and suppurative tumors of the right iliac fossa. Finally he first suggested the possibility of relief by means of operative measures. We would naturally suppose the issue in such rapid succession of two papers so full of interest as those of Louyer Villermay and Melier, would have been followed by other immediate advances in our knowledge of diseases of the appendix. Such, however, was not the case and, notwithstanding the excel-

*Read before the Leflore County Medical Society.

lence of the beginning, the further development of the subject was slow and uncertain, owing to great misdirection of effort.

Melier's views failed of acceptance mainly because the most eminent surgeon of his time, Dupuytren, took a contrary position. The history of our subject, indeed, affords at this point a striking example of the difficulties encountered by originality of idea when opposed to the weight of established authority. John Burns, physician to the Westminster Hospital, contributed two papers in 1837 and 1839, treating of diseases of the cecum and appendix. Walcott Richards, of Cincinnati, in September 1837, published a case of perforation of the appendix confirmed by autopsy. Edward Hallowell, of Philadelphia, in May 1838, reports a similar case. These were the only cases appearing in the United States for a period of nearly twenty years.

Rokitansky's work on pathological anatomy, published in 1842, contains a brief but excellent section on the appendix and probably represents the earliest systematic consideration of this organ from a purely pathological standpoint. Rokitansky also for the first time described the dropsical condition known as hydrops processus vermiformis, or the cystic appendix. Hancock, a London physician, in the year 1848, operated for disease of the appendix as such.

Incision for the relief of manifest tumor in the right iliac fossa had long been practiced but Hancock took the first decided step in the direction of our modern methods when he published in the *Lancet,* in 1848, the account of a case in which he operated successfully, after making a diagnosis of inflammation of the appendix, before any evidence of fluctuation could be made out. George Lewis, of New York, issued a paper in the *New York Medical Record* deserving of special attention because he had gathered together the results of the slow evolution of our knowledge up to that date, 1856, and because it constitutes the first systematic contribution to the literature of the vermiform appendix appearing in the United States of America.

W. T. Bull, in 1873, published a paper on perityphilitis, in the *New York Medical Record,* it being originally an inaugural thesis, which receivd the prize offered by the faculty of physicians and surgeons of New York in 1872.

Reginald Fitz of Boston has done more than any single individual to bring about a right understanding of the morbid conditions affecting the veriform appendix. He supplied and enforced the acceptance of the correct and fundamental fact that the multifarious abdominal disorders, hitherto variously

named, were all no more than forms and stages of inflammations of the appendix. Herring Buchard of New York, in 1880, read a paper on operative interference in acute perforative typhilitis, before the New York Academy of Medicine, based upon four cases in his own practice. Lawson Tate, the greatest pioneer in our art, in 1881 had become so convinced of the safety attending abdominal sections, that he challenged the surgical world in these clarion notes:

"So satisfied have I been with the results of these cases, that in the next case of peritonitis to which I am called, to whatever cause it be, even puerperal, I shall advise and perform, if allowed, abdominal section; shall cleanse the cavity and drain it, and, if the operation be not deferred until the patient is moribund, I believe this treatment will prove successful."

R. H. Hall of New York performed the first operation on the appendix in the United States, which is the third on record, in May 1886, and published it the following month in the *New York Medical Record*. The operation was performed in the Roosevelt Hospital.

To Thomas G. Morton of Philadelphia belongs the credit of the first successful operation for the removal of the appendix, deliberately undertaken with diagnosis of disease in that organ. The date was April 27th. 1887, and the report of the case is in the Transactions of the College of Surgeons of Philadelphia for the same year. H. B. Sands of New York operated for disease of the appendix, after making a definite diagnosis, on December 30th. 1887, and published the case on June 16th. 1888. In the United States, which holds the leading place in the recognition of the exact nature of this one time obscure malady, as well as in the adoption of a therapeutic regime necessary for its relief, we look back upon such names as Senn, Weir, McBurney, Worcester, Marsey, Fowler, Mynter, Richardson and many others who deserve mention. C. McBurney, more than any other, is deserving of special mention. In 1889 he deals with this subject in an article which must ever deserve to be ranked as one of the classics in the surgical history of America. So admirable and so clear are his views as to the proper surgical treatment of appendicitis, that to this time there have been no radical or important changes in his methods.

The causes of diseased processes affecting the vermiform appendix are manifold. The earliest writers on the subject lay great stress on foreign bodies as causative factors of appendicitis, which have gained access to the appendix through the alimentary canal and by constant irritation produce inflam-

mation. Fecal concretions, constipation, typhoid fever, amoebic dysentery, tuberculosis, and occasionally malignant disease of this organ, are cited as causes. The last named is surprisingly rare, considering the frequency of malignant disease in other parts of the body, notably of the pelvic viscera. The causes of adhesive processes of the right iliac fossa, then, may be said to be caused by inflammation originating within the appendix primarily or by extension from other points in immediate proximity to it, viz., the uterine appendages. Adhesive processes, then, in the right iliac fossa, may be be classed as sequelae of previous inflammatory disease of the appendix and its adnexa.

As a result of this inflammation, nature, in its effort to limit infection, throws out a plastic lymph which becomes organized, forming adhesions with the great omentum and intestinal coils and the intestinal coils with each other, thereby walling off infection from the general cavity. The adhesive processes do not always remain, but as the inflammation subsides they are absorbed and give rise to no further trouble. Especially is this true of the catarrhal types of the disease, where inflammation is so mild in its manifestations that it remains more or less quiescent for an indefinite period, and only gives rise to trouble when an acute attack is engrafted upon the chronic, setting up active inflammation with resulting adhesions. Tubercular peritonitis seems especially prone to produce adhesions; in fact, the densest and most extensive adhesive processes are formed in these tubercular cases. Another, and by far the most important cause of adhesions, is found in the manifold operations undertaken to relieve the many conditions which are now dealt with surgically within the abdominal cavity. In every drainage case of appendiceal abscess there are adhesions, and one has only to follow the history of these cases after operation to prove this statement. The surgical operations upon the uterus and its appendages, hysterectomy, oophorectomy and salpingectomy should not be passed unnoticed, as they are often more responsible for dense adhesive processes of the lower abdomen and pelvis than appendicitis.

The symptoms of adhesions in the lower abdomen are so numerous and so varied that it would be impossible to describe them with any accuracy, as the symptoms in one case may be different from another, and in many cases that do give rise to symptoms the disturbance is always referable to disturbed function of the organs of the abdomen and pelvis. Adhesive bands constrict the intestine, or a kink in the bowel is so produced, causing symptoms of obstruction which are well known to all: stercoraceous vomiting, inability to void the excrement from the

bowels, great tenesmus and tormina, tympanites, great prostration, cold perspiration, etc. This chain of symptoms once seen, will never be forgotten.

Adhesive processes also form at the ovaries and tubes, with the bowel and omentum, in many instances forming an incarcerated adhesive mass which gives rise to troublesome symptoms. Relative to menstruation, and the proper function in general in the ovary, the cardinal symptom, in all these cases where symptoms are complained of, is pain. Sometimes it is of the most excruciating character, requiring very strong opiates for its relief; at other times nothing more than slight tenderness is complained of. The intensity of the pain seems to have very little relation to the extent of the adhesion as in many cases of extensive adhesions there is comparatively no complaint of pain. In other cases, with probably a slight adhesive band, the patient complains of excruciating pain.

With history of previous inflammation, with the cardinal symptom, pain, with a history of having previously been operated upon for conditions relative to the lower abdomen, with disturbance in the function of the abdominal and pelvic viscera, and detection on palpation of the abdomen of tumor-like masses, we have a chain of symptoms from which in the majority of cases a diagnosis can be made. At other times, the symptoms may be so obscure and so manifold in their manifestation that it is entirely impossible to make a correct diagnosis until the abdomen is opened and the condition found. Many times the abdomen is opened with no suspicion of adhesion being present and, to our great surprise, dense adhesions of all the viscera are found.

Many times the abdomen has to be opened for the relief of grave symptoms in the lower abdomen due to adhesions, and it is the main purpose of this paper to discuss what cases should be operated upon and what cases should be let alone. These are the points which I wish to be discussed by you, hoping thereby that we all may arrive at a clearer understanding of the merits of surgical interference. The most frequent demand for dealing with these cases is intestinal obstruction, one of the surgical emergencies, and the surgeon should in these cases operate without delay, as much depends upon time in these cases. Relative to the indication for operation, all the authorities agree. However, relative to dealing with adhesions when no emergency exists, is a debatable question. Many times there is positive indication for relief of incarcerated ovary bound down and being dragged upon to such an extent that it would produce symptoms of sufficient gravity to demand relief and

thereby save the patient untold misery. I think there should be no objection to perform abdominal section to relieve the incarcerated ovary, or, if circumstances demand, a complete removal of the ovary itself. Many times, however, surgeons, who are over-anxious to do surgery, and are ever on the alert to cut, regardless of results, their main object being two hundred dollars, will select cases which should be let alone, their symptoms being trivial and causing very little inconvenience or trouble to the patient, and in opening the abdomen and tearing up dense adhesions, cause considerable trauma, many times tearing through even the mucus coat of the bowel, necessitating the resection of a considerable portion of the gut, which adds greatly to the risk of the life of the patient, and, in the majority of cases, is productive of adhesions denser than ever, and in every way produces a more complicated condition than before. Many times you may have considerable adhesion, but the normal relation to the intestinal coils are undisturbed and there is no disturbance in their functions. A meddlesome surgeon, who has more regard for a fee than for the welfare of his patient, will open the abdomen and attempt to tear up these adhesions, and do more harm that good; disturb their normal relations, cause them to become adherent in a vicious position, which they heretofore did not have, and thereby give rise to alarming symptoms of obstruction of the bowels. This point has been impressed very forcibly on me by a case which I had occasion to watch over through the course of about four years. I drained her abdomen for appendiceal abscess. Her recovery was uneventful. About one year later, she began to have menstrual trouble and consulted another surgeon who advised and performed an operation for adhesions, the result of the previous abscess. She returned home and fell again under my care with adhesions greater than ever before. Her menstrual irregularity was unimproved in any way, and, at the same time, I had a fecal fistula in addition to deal with, the result of the trauma inflicted by the attempt at relief of the adhesive conditions. I cured her fistula without dealing in any way with adhesions present. I understand she has had a third operation since she has been under my observation. The time has not been long enough since this last operation to tell whether she is benefited or not. That remains to be seen. Now the question which I desire to ask you gentlemen to discuss to-day is, in what cases is operation indicated and in what cases is it not?

*THE DIFFERENCE BETWEEN THE "ETHICAL PROPRIETARY" AND THE "SECRET NOSTRUM."

H. H. GOYER M.D.,

OKOLONA.

I will not attempt to define the terms "Ethical Proprietary" and "Secret Nostrum" because every physician knows full well the difference in the terms.

In calling your attention to the above subject I do so with a full consciousness of my inability to treat it properly. Yet, if you will indulge with me for a short time, I will try and show you some of the evils existing therein and to what they lead.

Never before in the history of medicine have so many secret nostrums been put on the market as to-day and never before has the public had such golden opportunity to inform themselves as now. The *Ladies Home Journal* has frequently published exposures of the nostrum traffic. So also has *Collier's* Weekly. Oleson and Company has also published a pamphlet on secret nostrums and systems which will prove of great and untold benefit to those who read it.

The physician too often witnesses injury to health and destruction of life by the nostrums and quack medicines so freely advertised and sold. It is the duty of every physician to warn his patients against the use of such dope and to explain to them why such preparations cannot be of universal service. The false and extravagant claims made for them should be denied and the reasons why they cannot perform the miraculous cures set forth in these testimonials should be made exceedingly plain. The physician should inform himself as far as possible upon the constituents of such nostrums, so that he may be able to intelligently combat the prejudices of his patients who have been hypnotized by the startling language of the advertisements and the false records of cures.

Each of these patents claim to cure from five to fifty different diseases. Some concerns manufacturing such unwholesome and damnable products go so far as to send out symptom blanks to be filled by the poor unfortunate and from this they diagnose his or her trouble and prescribe one or several of their various products, which are directly harmful and devoid of good results. The result of all this quackery and attempted cures is that the doctor is called in as a last resort, and many times when it is too late, and asked to prescribe for a disease that is far advanced and beyond the aid of human skill.

* Read before the East Mississippi Four County Medical Society.

We can never hope to eradicate the "secret nostrums" until we have thoroughly and systematically educated the laity on this subject. As physicians, again let me admonish you never to lose an opportunity of condemning this evil and at the same time let your argument be so convincing that even though "he be a fool the wisdom of your words will be understood and appreciated".

Now a few words as to the "Ethical Proprietary" medicines and their usage.

I am not an advocate of the indiscriminate prescribing of proprietary medicines, but some of the proprietary remedies fill a long-felt want. In the manufacture of these remedies by the honest and reliable firms we get preparations accurately and carefully compounded, and it is from these compounds we get results. I, myself, prefer to write my own prescriptions and have them compounded by a competent pharmacist who will not substitute. My results are invariably superior to that of the proprietary compounds.

If we want to eradicate the evil of secret nostrums we must use less of the proprietary remedies and never let up in a vigilant and persistent war on the "secret nostrums".

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*DWARF-TAPEWORM.

W. L. LITTLE M.D.,

WESSON.

In the course of some recent work in examination for hookworm eggs, in conjunction with Dr. Jones of Brookhaven, we noticed some unusual eggs, which Dr. Bass pronounced eggs of the dwarf tapeworm. We found two cases in one family and Dr. Jones has since reported another case from Brookhaven.

The accidental finding of these cases suggests the propriety of keeping a lookout for them in our search for hookworm eggs, and is the excuse for this paper.

A short description will be given of the egg, the worm and the treatment, as the literature on this subject seems to be rather sparse. The egg is about one-third the size of the hookworm egg, nearly round and has two distinct membranes. Between the outer and inner membranes may be seen a more or less well-defined clear space, often more on one side than the other, and not so distinct as in the hookworm egg. Between

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

these membranes the space is filled more or less completely with granular material, and this material completely fills the inner ring. The inner membrane presents at each pole a projection with filamentous appendages, not usually well defined, however, except with a perfectly clear field and a one-sixth lens. This resembles somewhat the letter M, in script, and is the distinguishing characteristic of this egg. The egg is so small that it is likely to be overlooked in an ordinary smear, hence they are best sought in the centrifugalized specimen, well washed, and the identification verified with a one-sixth objective.

The parasite itself is the smallest tapeworm known to man and is from one-tenth to one inch in length, very narrow, and has from one to two hundred segments. The head resembles that of the ordinary tapeworm.

The treatment is that ordinarily followed for the large tapeworm, by oleo-resin of male-fern. Thymol will not do, according to Stiles.

I find very little literature on this subject. The parasite seems to have been imported from Italy, and the infection is probably obtained from eating food soiled by rats, as the parasite is common among them. Stiles, in a paper read in 1903, predicted that they would become a common American parasite, and since that time they have been reported in different localities. So far as I know, they have not been reported in this state; but I have no doubt investigation will show that the infection is common among us, and I suggest that we watch for it in our hookworm studies. Dr. Jones and myself would be glad to have reports of any such findings.

*AETIOLOGY AND DISSEMINATION OF TYPHOID FEVER.

E. W. HUNTER M.D.,

GREENWOOD.

Typhoid fever is a general infection with the bacillus typhosus with certain secondary lesions involving chiefly lymphoid tissue.

The cause of the disease is the bacillus typhosus, discovered by Eberth in 1880. It is a definite and known entity; it is only by infection with this agent that the disease can develop. It does not come from filth, hog-wallows, duck-ponds, unhygienic living or any other condition. The one essential condition is

*Read before the Leflore County Medical Society.

the bacillus typhosus; and when this fell invader enters the system it is equally effective in the palace as in the hovel, nor does it depend upon race, color, sex or "previous condition of servitude".

Any existing case of typhoid fever of necessity implies a pre-existing one; in this fact lies the key for the understanding of the spread and control of the disease.

Since the cause of the disease must come from the body of one sick with the disease, it is desirable to know how the germ is thrown off from the patient. Possible ways are through the sweat, sputum and expired air. I say possible, for it is not considered that any of these ways are very important. The principal channels of elimination are through the bowels and kidneys, the most important of all being the kidneys. Billions of germs may be thrown off daily through the urine. The one important thing to be learned in this connection is that the occurrence of the disease is dependent upon the disposition made of the excreta; upon this alone.

A few words upon the vitality of the germ might not be out of place in this connection.

The germ may exist indefinitely in the human body. There are instances in which the urine of patients recovering from typhoid has been loaded for years with bacilli or they may exist for years in the gall-bladder and find exit from the body through the bowels.

The organism is very resistant to cold. It may be frozen repeatedly and still live and reproduce after its kind.

It is more sensitive to heat. It is killed in ten minutes at a temperature of 167° F. In the direct sunlight it is said to die within a few hours.

It is very resistant to drying and may live for long periods on utensils of any kind, as water vessels. In the dust it may live for several weeks.

There is a slight possibility of direct infection through the sweat, expired air and sputum. Much more important, however, is the contamination coming from contact with the soiled clothing and bedding of the patients and the handling of the urine and feces.

Probably the most important source of infection is drinking water that has become infected. It is unnecessary to elaborate on this. We all know the history of the great epidemics that had their origin from a case far up on the mountain side, the dejecta thrown out without disinfection; how it was carried into the river and on to a populous city hundreds of miles distant and how thousands of people became infected in this

way. This applies more directly to us when we allow the discharges from the patients to be carelessly thrown out about the premises, by which the well or spring from which the family uses water becomes infected.

Next to water, food probably is the most important source of infection. Milk may be infected by washing the vessels with water which contain the germs. Likewise ice-cream may be the carrier. It has been suggested that our epidemic last summer was due to the imported ice-cream, though it was never proved. Butter may possibly harbor the germ, though it is said that this cannot be for long as the germ soon dies in it.

Oysters furnish one of the classical means of carrying the infection. We all know the little stories used to illustrate this danger. Vegetables are a source of danger when grown on soil that has become contaminated with the germ or when washed with infected water, but only when eaten raw. The same may be said of fruit.

Within the past few years it has been demonstrated that flies are a very important means of transferring the infection to places and objects where it may be reached by man. In fact there are those who think this is possibly the most common form of transmission.

A possible source of infection, and one that may help to explain the origin of some cases, is found in germ-laden dust. A gentle, cooling zephyr in the hot summertime might bring the enemy in reach of our respiratory organs, or might deposit it upon some juicy peach, which in our haste we might devour without properly cleaning, and there we are with the enemy within our portals.

Notwithstanding all our sources of knowledge and after exhausting known ways in which the infection may come, at times we are at a loss to trace the infection. I shall here suggest one or two ways that may help, at least they are possible sources of infection.

The dejecta of passengers on railroad trains are allowed to be scattered along the roadbed; this, becoming dry, may be carried here and there by every passing breeze to the possible danger of every passer-by. While the disease may be contracted in this way, yet there is no way in which we can know this to be a certainty in any given case.

Another possible source is that some patients after recovery continue to harbor the germ. It is continually being thrown off, chiefly through the urine. A stranger of this kind coming to a town may be the source of infection for cases that it would be utterly impossible to trace.

*HYPODERMIC USE OF QUININE IN THE INFANT AS WELL AS THE ADULT, WITH SPECIAL REFERENCE TO MALARIAL HEMATURIA.

E. R. McLEAN M.D.,

CLEVELAND.

In presenting this paper I want to state plainly that I do not claim it to be based on scientific efforts, but from actual clinical experience from every-day bed-side practice, without the use of the microscope.

I have a very poor idea of, and little faith in, a diagnosis made by a non-expert with the microscope, and think it the most misleading instrument that the average country physician can have in his office; and very often the experts disagree because all germs do not wear the same faces at all times.

In the busy season when we all have a large number of malarial patients, as well as others, I can't see how we could take the necessary equipment, alcohol, slides, labels, time and care to make a correct microscopical examination of a dozen or more patients and treat them as they should be treated, as we very often leave home in the morning and do not get back until very late at night. Now who can take the time to get a drop of blood from each patient and leave him without treatment until he gets time to make an examination of the blood, and then go back to relieve his aches and pains? If you do, some other physician will have your case when you return.

I have the highest regard for an analysis of the blood in doubtful cases, but ninety-five per cent. we are able to diagnose correctly without the aid of the microscope.

We are all more or less familiar with malaria in this Delta and we have to diagnose every case as we go to the best of our knowledge and try to relieve their suffering, and it does not materially make any difference what kind of malaria we are fighting. But I think it is the safest to use quinine hypodermatically when the fever is running high, as congestion will develop when you are least expecting it.

It is certain that the most violent cases of malaria come on almost instantly, patients that are feeling fine when they get up in the morning, and are out playing or at work, will be taken violently sick with a hard chill, probably with a general state of congestion, and by the time you can get to them it has been an hour or more and the fever has risen, or is rising very rapidly. Then you should make your diagnosis as quickly as

*Read before the Clarksdale and Six Counties Medical Society.

possible and, if malaria seems to be predominating, administer to an infant one year old four grains of quinine if you haven't time to stay one or two hours; if you have, give two grains, then wait an hour and give two more, and repeat in twelve hours if necessary.

The technique of administering quinine hypodermically is very little more than the ordinary way of giving any hypo., only the place of injection is where we differ. I consider the upper third of the gluteus maximus muscle the only place to give it; there you may have a muscle that is very inactive, plenty muscular tissue to give it in, and I think it very important to get it well into the muscular tissue as deep as the ordinary hypo. needle will permit, and by catching the parts between the thumb and forefinger you can very easily insert the needle; hold it perpendicular and insert instantly, and as soon as you have emptied it completely, withdraw it instantly; this is the secret of the prevention of the dreaded abscess; by withdrawing it instantly, you leave all the contents at one place, and do not allow any to get between the skin and superficial fascia. I have very particularly noticed, in giving a dose not long since, that the puncture permitted a few drops to come out behind the needle, and was very uneasy about that particular one giving the patient some trouble, but it only caused a little congestion of the parts and soon passed off. That was as near as I have come to forming an abscess in the last twelve months, and in that time have not given a single hypo. of quinine in any other place but the hip.

Some physicians, as well as patients, seem too modest to admit of giving it in that place, but if I ever find one that is that modest, I advise them to get some one else to treat them.

In giving the infant quinine hypodermically you do not frighten the poor, little, sick, nauseated stomach; you do not excite the patient; you do not have to call in help to give a dose of medicine, that is, if you are not going to give by mouth; you do not run the fever higher by all this excitement; you have the good will of the mother, child and neighbors, and when you have done this painlessly without any abscess, don't you think it is far better than to have to get help to give a spoonful of nauseating stuff that the stomach, as well as the patient, rebels against. He vomits two or three doses of the syrup of quinine on you and then by the very best efforts you get him to take a dose and hold it long enough for you to hurry up and get away before he throws that one up.

It certainly appeals to me that we should let the stomach entirely alone until we can get it in shape before administering

such a nauseating dose as quinine, if we expect it to ever be taken up by the circulation.

Admitting that there is danger in giving very large doses of quinine to the infant, as well as to the adult, we all have this risk to run, even if we do not give it hypodermically. Very often capsules are passed, several at a time. I had the bad luck of passing eight five-grain capsules myself at one time. What if they had all been dissolved at once? I was taking them every four hours and there were more in there when the eight were passed.

There is danger in nearly every dose of medicine that we give to a patient if we do not know his idiosyncracies, and we have to run that risk; so it is with hypo. quinine.

There are cases of paralysis and other bad symptoms that are on record, but there are cases on top of cases where treatment has cured them, and are we going to stand back and refuse to try to save our patients because some one else lost one by this method? You might just as well refuse to anesthetize a man that has a leg or arm to be amputated, or for other operation, because one in several thousand die from the effects of anesthesia.

I treating the bad effects of quinine in the infant, I find that they can take very large doses of codeine or morphine when the system is saturated with quinine and every muscle twitching. I had a patient this summer, child eighteen months old, on which quinine by the mouth did not have any effect at all, the fever ran high under heroic doses, so gave hypo. of four grains in the morning and repeated in the evening for two days, then followed with the tablet dissolved in a teaspoonful of water every two hours. This soon controlled the fever, but it developed very bad nervous symptoms; every muscle was in a twitch; even the tongue was in such a spasm that it swelled twice its size from the irritation caused by protruding it so many times.

I gave it fifteen minims of papine, ten minims of bromo-chloral and one-sixteenth grain morphine, and never quieted it; then called consultation and we gave it one-eighth grain more of morphine and soon got it quiet; then kept it on solution of bromides for two or three days, with a complete recovery.

I failed to get any results in a case eleven years old with thirty grains of quinine hypodermically, but this child had the chill at about 11 A. M., when she was completely congested. I belive the quinine was never absorbed, nor the strychnine and other stimulants. I was unable to get any reaction whatever.

I find that any clear water will answer, the boiling will do the rest. As to after-treatment of the hypo. wound, use a little alcohol, hot water, any antiseptic that is handy, but I really do not consider either very important if you have the field clean at the beginning.

I have given it in a community where several had suffered with abscesses and would fight if they knew they were to get a dose, but I would give it to them without their knowledge or consent without the least pain or inconvenience whatever.

In the treatment of hematuria, I would feel that my only hope was taken away if I did not get to give fifteen or twenty grains as soon as I reached the patient.

This, as we all know, has advocates on both sides, giving quinine in haematuria, but I don't think that if the use of it hypodermically was considered there would be any against it at all. Where the trouble has been in the past use of it was depending on the stomach. As we all know, in hematuria we have the very worst conditions at all in the stomach, with that stomach full of bile, with nature trying to expel it with all of its power and I can't see how a sane person could give a dose of quinine by the mouth under such conditions.

If the chill is still on the patient when you get to him, give him the hypodermic first; then order one gallon of warm water, begin to wash out his stomach, but don't stop after a few glasses; make him drink a gallon twice a day if the stomach does not retain it but a few minutes; that will help, but repeat it as long as he is nauseated or any bile is thrown up; then order a glass of real hot water and with it give twenty grains of calomel every hour until you see that you are getting the system aroused to the great necessity of eliminating the great amount of toxin that must be thrown off by every eliminating source of the body, for with the quinine in the circulation and poor elimination you will soon have a patient across the River Jordan, but if you will assist nature to get rid of the dead products that the malarial germ has caused, you will soon see a change in your patient for the better. I do not believe that in any form of malaria you should leave your patient helpless after giving a hypo. of quinine. It is true that you have killed the enemy, but with poor reconstructive power and no assistance, you have accomplished very little.

I am deeply indebted to my friend Dr. Watts of Drew for one of the very best ways to administer a diuretic hypodermically; urotropin in seven grain tablets will dissolve in thirty minims of water and you can give it in the arm or any place, but it causes more pain than the quinine.

In three very bad cases of hematuria that I have had the pleasure of treating in the last two years, I have given from fifteen to sixty grains of quinine hypodermically in twenty-four hours, while the hemorrhage was at its worst. I would rather see the hemorrhage, as it is commonly called, free for the first twenty-four or forty-eight hours. I like to see the poison eliminated as fast as possible and if you stop the hemorrhage too soon you will certainly cause serious trobuble; this is where we have quinine abused again. Give it freely to keep off the next paroxysm and the hemorrhage begins; then the blame is put on the best agent you have, quinine. If you do excite hemoglobinuria, it is far better on the outside than in your patient's poisoned system. You will notice as soon as the homorrhage clears up your patient begins to get jaundiced, and you will find it a very grave symptom for the urine to clear up the first or second day. As long as the hemorrhage continues you will find that his mind will stay clear and the kidneys will keep acting. I never give anything to check the hemorrhage.

As this paper is not supposed to be on general treatment of hematuria, I will not go farther into the details, only I want to impress on you that I do not consider quinine capable of curing malarial hematuria or any form of malaria without the assistance of the very best eliminating treatment you can give, also reconstructive, as the majority of patients cannot rebuild the torn-down cells without some help.

My general outline of treatment in hematuria would be quinine hypodermically thirty-six grains daily in three doses; hot water internally not less than one gallon a day; calomel from eighty to three hundred grains per day, owing to the effect; urotropin hypodermically every four hours if the kidneys are not acting well; strychnine, digitalin and nitroglycerin as indicated; keep the patient in bed from the time of the first hemorrhage until you dismiss him.

PERSONAL.

Dr. A. P. Alexander has removed from Sledge to Como.

Dr. J. Herman Fox, formerly instructor in dermatology in the medical department of the University of Mississippi, has accepted a position in the State Insane Hospital at Jackson.

MISSISSIPPI MEDICAL MONTHLY.

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S. MYERS M.D., BUSINESS MANAGER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The 1910 *Transactions* are now in the hands of the members. At first glance we notice a very decided difference in the size of the volumes as compared with last year, and in searching for the reason we at once have our attention directed to a fact that has been already noted in these columns—we get our best meetings in Jackson. The writer has attended every meeting of the Association since 1903 and we have in that time met in towns other than Jackson three times. In every instance the accommodations were better and there was more done in the way of entertainment than has ever been done in Jackson, yet these three meetings cannot compare with any of those held in the latter place, either in attendance or in the amount of scientific work accomplished. It is not unlikely that the falling off in membership this year, nearly fifty, is due, at least in part, to the same cause. A member whose county society is weak and holds infrequent and uninteresting meetings, might well offer the excuse that his membership is not worth while if the place of meeting of the Association is so far away or so difficult of access that he cannot attend. Another year, with the medical defense feature in operation, this will not be the case, but as matters now stand the Association, apart from its meetings, offers little more than a copy of the *Transactions* and an entrance to the A. M. A.

One of the councilors recently made the statement that the Association needs reorganization every few years in order to get the best results and this idea is by no means without merit. A shake-up every few years helps a lot, so let's all make up our minds to go to Jackson next year and shake and be shaken.

Society Proceedings.

Holmes County Medical Society met in regular quarterly session in the secretary's office in Lexington Tuesday July 12th. There were present Drs. Austin, Baker, Doty, Derrick, Eggleston, Jordan, Phillips, Pollard, Shepherd and Smith of the county, and Dr. Jno. Darrington of Yazoo City. The programme being taken up, Dr. Austin of Franklin described cases of continued fever occurring in his practice which he was unable to class as malaria or typhoid. It brought out quite a general discussion and the society was somewhat divided in its opinion; some agreeing with the Doctor that it was a new type of fever for which we have no name, while others thought all such cases of fever should be called typhoid and treated as such. Next Dr. Darrington read a paper on "Gastro-enterostomy", illustrating same with charts, which was very instructive and appreciated by the society. Dr. Eggleston read a paper on "Diagnosis And Treatment Of Puerperal Infection". After a discussion of these, the society decided to accept the invitation of Owens Wells and hold the meeting next day at this splendid and attractive health resort. The time spent there was most enjoyable and all felt well repaid for their trip. A committee composed of Drs. Shepherd, Eggleston, Mabry and Byrd was appointed to revise the fee-bill and report it at the October meeting for adoption. The secretary was instructed to secure copies of "Constitution and By-Laws of County Societies" and furnish one to each member of the society. The next meeting will be held the second Tuesday in October.

S. A. Eggleston.

Pearl River County Medical Society met in Picayune July 13th. at 3 P. M., President McCoy in the chair, five members and one visitor being present. Dr. McCoy presented an able and instructive paper on puerperal infection, which met with full discussion. On motion Drs. Nimocks, Locke and Woodward were appointed to draft resolutions on counter-prescribing and refilling of prescriptions, which is being practiced by a druggist in the county. Next meeting will be held in Poplarville Aug. 10th. Our society was organized Sept. 9th. 1908, at which time we badly needed something done, and while this is the first time the *"Monthly"* has heard from us, will say we have been wide awake to the needs of all concerned.

Fred Horne.

Letter to the Editor.

Biloxi, Miss., June 25th. 1910.

If Osteoquacks in other places pursue the methods that are in vogue among some of the practitioners of that cult in this community, it were easy to understand the popularity of this fad among certain of our woman folks.

There have been in this city, to my personal knowledge, quite a dozen mis-carriages brought on by this treatment and such addenda as vaginal packing, together at times with probable instrumental interference.

From three of these cases of which I have personal knowledge, the mere rubbing alone has apparently sufficed to bring on abortion, two of these patients being primiparae, and certainly in two instances the mis-carriages were undesired, as the women were very anxious for children.

Other physicians having like experience should promptly make report thereof, for while this feature of osteoquackery will doubtless be popular among women who have no desire to bear children, yet a great many women are anxious to become mothers and would certainly not jeopardize their chances of maternity by subjecting themselves to such treatment.

H. M. Folkes.

Book Reviews.

DISEASES OF THE STOMACH AND INTESTINES. By Robert Coleman Kemp, M.D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Octavo of 766 pages, with 279 illustrations. W. B. Saunders Company, Philadelphia, 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

For this addition to the numerous works on Diseases of the Stomach and Intestines, we predict a brilliant future. The author has been so successful in putting his very difficult subject into such plain language that it will meet with the enthusiastic appreciation of the profession. All of the subjects treated are written of in an authoritative way, which is very satisfying. We commend the chapter on Diverticulitis and Peridiverticulitis, which subjects are just swimming into the ken of the general practitioner. The chapter on Constipation and Diarrhoea is very full and the subject treated rationally. The only fault we can find is that he mentions proprietary remedies like purgen, phenolax, purgatin, which are nothing but phenolphthalein tablets variously colored and flavored, and

act only according to the amount of phenolphthalein contained. This, only a minor fault, will undoubtedly be corrected in subsequent editions, for the face of the profession is absolutely set against secret, proprietary remedies. MYERS.

THE CONQUEST OF DISEASE THROUGH ANIMAL EXPERIMENTATION. By James Peter Warbasse M.D., Surgeon to the German Hospital, Brooklyn, N. Y. D. Appleton & Co., New York, 1910. Price, $1.00.

This little book is based upon addresses delivered before several medical societies, and published with the hope of correcting misconceptions regarding animal experimentation. It is a very thoughtful work and will be exceedingly instructive to physicians who are outside of laboratory and pharmacologic work and yet desire to learn the truth regarding the hue and cry against animal experimentation. We hope the author has not in mind to convert anti-vivisectionists. They are born, not made, and reason has no effect upon them. To the intelligent this volume will bring information not accessible in any other form. MYERS.

MEDICAL ELECTRICITY AND RONTGEN RAYS. By Sinclair Tousey A.M., M.D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1116 pages, with 750 illustrations, 16 in colors. W. B. Saunders Company, Philadelphia and London, 1910. Cloth, $7.00 net; Half Morocco, $8.50 net.

It is not so far off but that most of us, even the younger ones, can remember when the wave of enthusiasm for medical electricity and x-ray work struck us and there are few of us who can plead "not guilty" to the charge of having "piddled" with wall plates or static machines, or even coils, and having basked in that truly "fierce light" that emanates from an excited Crookes' tube. In time we gave it up either in disgust because we got no results or to embrace some newer fad, and the pendulum swung to the other extreme, at which we for the most part abandoned it entirely, not considering that the fault lay within ourselves, and leaving the work to a few who had greater skill and insight and better equipment.

To-day we find the toy of former days beginning to be recognized as more worthy of careful consideration. By the work of a few men it has reached the point where, if not yet arrived at the dignity of a specialty, it at least is recognized as a valuable aid in many conditions and as such we should know something about it, its possibilities and its limitations. As one of the foremost workers in this field, Dr. Tousey is entitled to careful consideration and his book wil be found a valuable guide to those who desire information on the subject.

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*WHAT THE PRACTITIONER AND THE COUNTY SOCIETY MAY DO TO AID THE COUNCIL ON PHARMACY AND CHEMISTRY.

R. M. BOYD M.D.,

HOUSTON.

Some years ago the attention of the people was called to the fact that our country was absolutely at the mercy of the patent medicine interests who, without any legal restraint whatever, were plying their nefarious trade, accumulating countless millions of ill-gotten gain, adding poverty to pain and misery and doing much to ruin the health of our people. Mr. Bok, Samuel Hopkins Adams, and other persons equally eminent, together with many organizations whose object is to help mankind, called the attention of our people to this horrible condition of affairs. Much was expected of our physicians to correct and remedy this evil. These great lay reformers naturally thought that as we have the confidence of the people and are constantly thrown with them, that when our attention was called to the matter we would be a great force in educating them to the dangers of the use of patent medicine. At this time Mr. Bok, one of the greatest men of this generation, ever in pursuit of truth, decided to take a look into the prescription files of the city of Boston and see what the physicians of what is said to be the intellectual center of the United States were prescribing. To his amazement he found that a high percentage, possibly fifty per cent., of them were to some extent secret formulae. This investigation stimulated others to investigate and it was found to be the truth that American physicians were prescribing preparations that had formulae partially secret or fictitious to an alarming extent, and hence could not be depended on to aid in this great reform movement to protect our people against thievery, deception and murder practiced on them by the hellish patent-medicine interests. What a reproach on our profession. Stop and think, my brother physicians. In the meantime the lay interest, working for God and right, aided

*Read before the East Mississippi Four County Medical Society.

by the profession, even if our hands were tied by the fact that we were encouraging their use by prescribing them, succeeded in having the National Pure Food And Drugs Act passed. This law, although one of the best ever passed by our congress, as Dr. Wiley says himself, by no means abolishes the patent-medicine evil. The passage of the bill, however, thoroughly aroused the patent-medicine interests. Their very existence was threatened; they would stand no interference. Inspired by the possession of countless millions wrung by dishonest methods from the unfortunate people of our land, they proceeded to organize for the fight. There are no interests better organized, with more money and more unscrupulous methods. The members of this organization of which I speak had to do only with the people as they did not sell to physicians. As a result of the investigation of Mr. Bok and others showing conclusively that our physicians were aiding and abetting the patent-medicine interests by prescribing secret formulae every day, and besides were being duped just as the masses are, the American Medical Association, whose every ambition is to serve humanity, saw that our physicians were being imposed on and that we were unconsciously serving the patent and proprietary interests, and this condition actually threatened the profession itself and that something must be done. The great question was "what shall we do?" The leaders knew human nature. They knew the howl would come, that "I am a free man; I don't propose to let the American Medical Association say what I shall or shall not prescribe. My sole duty and responsibility is to my patient. I will give them what I think will save them, regardless of what they say." They also knew that it is human nature for a man to get sore when reminded that he is not doing the right thing. Regardless of these things the brave men that we have placed at the head of our profession knew that we must act or else a shadow would be cast over us. It was conceded at the time, and we all concede now, that all the proprietaries sold physicians are not objectionable *per se*. Those that have clean, open, honest formulae and are not advertised to the laity directly, we have no fight on them and what we have to say does not apply to them. We welcome a clean, good product from the hands of good men. A large majority of proprietaries sold physicians do not belong to this class. They are usually secret in composition. If the formula is given it is fictitious or deceptive and another objectionable feature is that the manufacturer is likely to change the formula any time and as often as he pleases without giving notice. A number of these proprietaries are sold in distinctive bottles with the name blown in the bottle

and by every imaginable method their manufacturers are trying to get the product to the laity through us, to make the people self-doctors. Another class of proprietary remedies that we have absolutely no objection to, is the real patent medicine. Now they cannot get a patent on a proprietary medicine because they are simple mixtures and of course deserve no patent and no country would give a patent on a common mixture, so they use trade-mark names to protect them. But the real patent medicine, where the discoverer by expenditure of time, money and research is granted a monopoly for a limited time by our patent laws to reward him for his gift to humanity, is not to be condemned. The patent always expires after a time and then the product belongs to humanity. Among the drugs that belong to this class whose patents have now expired are: antipyrine, salol, phenacetine, sulphonal and trional. To separate the good from the bad was the question. After much worry, thought and consultation, it was decided to have a Council On Pharmacy And Chemistry consisting of eminent men and that the makers of proprietary remedies submit their formulae to this Council, and after thorough investigation if they are true to name, honestly exploited and manufactured, the Council admits them and they are published in a book gotten out by the Council and known as New And Non-Official Remedies; otherwise they are refused and the reasons for so doing are given in full. This action by the American Medical Association created a storm among the proprietary makers and a majority refused to submit their formulae at first, although many have up to this time. As it became necessary from time to time for the Council to reject the products of many millionaire corporations and expose their dishonest methods, they got mad, began to foam at the mouth and declare the American Medical Association a trust whose object was to destroy them and that they didn't propose to be destroyed, that they were in a position to do some destroying themselves and they proposed to do it. Considering their nefarious traffic in danger, and dreaming of a receiver for their business, they hastened to organize and a wonderful organization this is. It is compact and not unwieldy and a majority of the members are worth millions. The best legal talent in the land is at their command. This Association is the ally of the one I have described in a former paragraph. Their interests are identical, the only difference being that the former skins the people and the latter both the people and the physician. Their interests are in common and in all their dirty work in the past, they worked together. The so-called patent interests are able to subsidize the lay press with few exceptions.

The enormous amount of advertising they do, and the fact that the paper is afraid to refuse an advertisement that is questionable for fear that the green-eyed monster will withhold all, makes the editor bow the knee to them. For the same reasons the proprietary interests subsidize the medical press with a few exceptions. A proprietary preparation that has been refused by the Council On Chemistry and Pharmacy or has refused to submit its formula should not be advertised in a medical journal, yet for a paltry sum the most of them do it. How shall we ever win unless we stand together? God speed the day when we will have the self-respect and courage to refuse to take any medical journal dominated by proprietary interests. The fighting of these allied interests has been effective. They appeal through subsidized organs with that old cry that has always been effective in this country: "Physicians assert yourselves, show your manhood and independence. Do not allow yourselves to be clubbed and bossed. This is a free country. Our forefathers fought to make it so. Are you going to let a few political doctors in Chicago boss you? You are as good a doctor as they are." This catches a great many of us who have not studied the question and as a result we are somewhat divided and are not rallying to the support of the Council On Pharmacy And Chemistry. It does not make any difference to the Council from a personal standpoint whether they are successful in this fight or not but it does make a difference to the profession as a whole. For us to fail simply means that the whole profession will be humiliated by defeat and will be at the mercy of antagonistic interests. What can we do to aid the Council? My answer is let us refuse to prescribe any proprietary unless it has been accepted by the Council and is listed in the book "New And Non-Official Remedies". Let us refuse to take any medical journal that accepts advertisements that have been refused by the Council or whose proprietors have refused to submit their formulae. Let us discuss this important matter frequently in our society, that all may understand the desperate fight that is on and how necessary it is for us to stand together. Men of medicine, we cannot afford to sulk in the camp. The enemy has us already surrounded. Their methods of warfare are those of the savage. Their Goliath is shouting from the adjacent hills. They insult us, they dare us and every effort we make for good; behold, they oppose us. This is their ultimatum: if you will not oppose us in our nefarious traffic we will let you alone; if you fight us we will fight you. In other words as long as we can use you as an agent to further our business, you are our friend. Brothers, if we cease our

opposition to these interests, we will lose the respect of the world, hence this is utterly impossible. Then we must continue the fight until the twilight hour. As things stand now, they are better organized than we are and are better provided with the sinews of war. What shall we do? Here is the way we win: let us absolutely refuse under any circumstances to prescribe their products. Every time we prescribe one of them it simply means that we donate a certain sum for them to fight us. In regard to proprietaries sold to the laity exclusively, let us make ourselves missionaries in every home, be it hut or palace, and explain the dangers of their use. First of all, let us organize. We are at the mercy of antagonistic forces unless we do. There are many antagonistic forces to-day besides the proprietary interests, there are many fake schools of medicine to be dealt with and questions of medical legislation that effect the welfare of the profession. No man is doing his full duty to his profession unless he is active in organized medicine.

About a year ago a pamphlet fell into my hands, evidently issued by the proprietary and patent interests, although no one claimed the responsibility for its issuance. I regret very much that I cannot submit it for your inspection. Any physician that could read it without being intensely angry should have his license revoked. It was undoubtably the most dastardly attack on the medical profession ever written. I gave the pamphlet to our state lecturer on hygiene and in conversation he assured me that he was thoroughly accustomed to the methods of these assassins. He said that in their fight for better things in Louisiana these interests opposed every step, and by the foulest means sought to defeat the laws proposed to save human lives in that state. The great trouble is they fight in the dark, sometimes under one name and again under another, so it is frequently hard to identify the fine Italian hand that is back of the movement. I might cite numerous instances of their dirty work but my paper is already too long. I will content myself by citing their last great effort to not only defeat the best bill ever introduced in congress, but also to destroy the American Medical Association. I refer to the Owen Bill which proposes to consolidate many of the present departments of health into a Department Of Public Health with a cabinet officer at its head. This bill has the endorsement of the American Medical Association, the American Health League, the American Federation Of Labor and others. I will not attempt to name all but am safe in saying that every organization in the country that has for its object the upbuilding and good of humanity has endorsed it. The proprietary and patent interests oppose this

bill for two reasons, because the passage of the bill would better enable the medical profession to expose their fraudulent methods and point out dangers in the use of nostrums and they have a grudge against the American Medical Association and they really fear it, because it is the one and only agent that threatens to put them out of business, hence they think by extensive advertising they can make people believe it to be a great trust composed of political doctors whose object is to take away their personal liberties and at the same time accomplish the defeat of the bill and thereby weaken our organization. A master hand undoubtedly directs their efforts. They are always careful to laud what they style the true doctor to the skies, but direct their batteries on our leaders styling them political doctors. They cannot afford to antagonize the rank and file as this would mean certain defeat for them. Their object is to disrupt our organization, knowing that if this can be once accomplished it will take years to get it sufficiently organized again to successfully oppose them. If this cannot be done their object is to get men at the head of the organization that they can dominate.

Back to the Owen Bill. It is a notorious fact, that is appearing in many of our great daily papers, that there is no opposition to this bill worthy of mention save the patent and proprietary interests and the following they have been able to muster. They have chosen in this particular instance to appear under the name "National League For Medical Freedom". Gee! what a big sounding name. Catchy, you see. The same Italian hand. They are carrying advertisements in the leading dailies of the whole country, which of course costs an enormous sum, containing the shrewdest lies ever written to defeat the bill and blacken our American Medical Association. Who furnishes the money? Why is such an enormous sum spent? Answer, Doctor. Be not deceived. I submit for your inspection this copy of one of their advertisements. I have seen some dirtier than this.

Here the speaker submits a copy of the Memphis *Commercial Appeal* containing a large advertisement with this heading: "Do You Want The Doctors' Trust To Be Able To Force Its Opinion On You?" This advertisement is false from beginning to end. It paints in glowing colors the great calamity it would be, and what genuine destruction would follow the passage of the Owen Bill, warns the people to assert themselves at once before they are made slaves, and fill out the coupon which is a part of the advertisement and forward to the president of the League, and to write to their senators and

representatives at once and urge them to oppose the bill. Each one who signs the coupon is assured that membership in the League is free and no dues. The advertisement is signed by the National League For Medical Freedom.

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* BISMUTH PASTE IN EMPYEMA.

J. H. JOHNSON M.D.,

BROOKHAVEN.

It is not the purpose of this paper to go into the literature of empyema,, but to call your attention to the value of bismuth-vaseline paste injections, a treatment devised and brought to its present state of efficiency by Dr. E. G. Beck of Chicago, and endorsed by Dr. A. J. Ochsner in this emphatic language: "I consider the use of bismuth-vaseline paste in the treatment of sinuses and abscesses following operations for empyema as one of the most valuable contributions to surgery during the past five or ten years."

Most of us have seen and operated cases in which convalescence and cure were slow and tedious, extending over an indefinite period, discharging sinuses remaining for months and even years. Mutilating operations, such as Estlander's and Schede's have been devised to obliterate the abscess cavities, often resulting in failure; or, when successful, leaving the patient a permanent cripple, an object of pity and in as deplorable a condition as before the cure. If by the use of bismuth-vaseline paste we have a method of closing sinuses, fistulae and suppurating cavities and preventing their formation, without resorting to extensive operative procedure, it marks a decisive advance in surgery. Of this there can be no doubt, as shown by the work of Beck and others.

I shall not go into the technic employed nor the formulas used, referring you to the literature on the subject, but deem it proper to say a few words as to how bismuth acts and what the factors are which produce such rapid improvement in these affections. I shall quote Beck's own conclusions. In order to effect a cure, the cavity must be sterilized. Beck says: "Our method of dealing with these cases, I believe, possesses the means which are essential to the obliteration. It produces pressure, sterilizes the cavity and stimulates healthy granulations. The microscopical findings and the results of treatment bear out

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

this statement. Tubercular sinuses, fistulous tracts, abscess cavities, including empyema, can be cured by injecting them with bismuth-vaseline paste, and in most cases surgical operations become unnecessary. Bismuth subnitrate is a bactericidal, chemotactic substance, which is slowly absorbed and slowly eliminated. Injections up to one hundred grammes of a thirty-three per cent. paste produce no toxic effect. In large doses it may produce symptoms of intoxication, such as ulcerative stomatitis, black border of gums, diarrhoea, cyanosis, desquamative nephritis and loss of weight."

I wish to report here a case of empyema following pneumonia, treated by this method, which will illustrate the principles involved, and at the same time will emphasize a caution which should be borne in mind.

Mrs. W., age sixty-one, family history negative, personal history negative except that patient had had pneumonia in 1906 with prompt recovery. Present illness began Dec. 6th. 1909, with typical history of a frank lobar pneumonia. This ran usual course, patient being dismissed about the tenth day. Reported to have been clear of fever for about a week, then noticed evening temperature, cough and dyspnoea. Was first seen by the writer, in consultation, Dec. 26th.

Physical examination revealed dullness over the lower half of left lung and aspiration cleared up the diagnosis of empyema. About ten ounces of thick creamy pus were drawn off. Operation was advised but declined at the time. Aspiration was repeated several times afterwards by physician in charge. Microscopical examination of the sputum and pus from cavity revealed no tubercle bacilli.

January 23rd., four weeks after the first aspiration, operation, consisting of resection of one inch of the seventh rib, was done. Nearly a gallon of thick yellow pus, of foul odor, was evacuated. No drainage was instituted, but the bismuth-vaseline injected directly, three ounces of a twenty-five per cent. emulsion, and a plain sterile gauze dressing placed against the wound. Immediately after the operation the patient's temperature, which had been ranging considerably above normal for the past four weeks, dropped to normal, pulse and respiration in accord, and has remained so ever since. Discharge changed rapidly from a purulent secretion to a sero-purulent, the wound closing on the fifth day.

Jan. 30th., seven days after the operation, patient was seen again by me. Wound was reopened, about six ounces of a sero-purulent fluid was withdrawn with a Bier's suction cup, and about two ounces of a twenty per cent. paste injected,

filling the cavity. Wound closed again in a few days, and patient reported convalescent, appetite good and sleeping well; but annoyed by severe cough. Was seen by me again Feb. 20th., three weeks later. Distinct signs of bismuth poisoning were found, dark blue line along the gums, sore mouth, slight albuminuria. However, there was no loss of appetite and no diarrhoea, and the family thought that she had not lost weight. Temperature, pulse and respiration were normal.

Wound reopened, about two ounces of thick fluid was withdraw, showing flakes of bismuth; and the cavity completely filled with an injection of warm olive oil, about two ounces. This was removed next day and the olive oil injection repeated for three more days until no more bismuth was found. The wound closed again in a few days and has remained closed since. Patient improved rapidly from this date, signs of bismuth poisoning disappearing gradually; and at this time, April 10th., she is said to be practically well.

In the light of subsequent events, and further study of the literature, I make the following criticism of the treatment of this case: too much bismuth was used in the first injection and the second injection should not have been made. Beck advises not over one hundred grams of a ten per cent. emulsion in recent cases, on account of the large surface of absorption promoting bismuth intoxication. If after the first injection, there is no fever and the discharge ceases to be purulent and is sterile, the injection should not be repeated, but the wound allowed to close.

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*LACERATION OF CERVIX AND PERINEUM; A FACTOR IN NERVOUS TROUBLES OF WOMEN.

T. H. HENRY M.D.,

COLUMBUS.

It is not my intention, in this paper, to discuss the question of diagnosis of laceration of the perineum and cervix or procedure in the operation, as both are comparatively easy, but to call attention to the many symptoms which arise and harass both patient and doctor and are too frequently attributed to other sources. The nervous system holds sway over our physical economy, and when I say physical, I mean the mental also, which is only a product of the physical; in other words: no matter, no mind.

* Read before the Clay-Lowndes-Oktibbeha County Medical Society.

These lacerations, occurring at childbirth, can easily be detected and very frequently be corrected at that time. It requires the uterus about three months to resume its normal size, after labor during lactation; if periodic menstruation occurs, it requires from five to eight months. An understanding of these principles will readily enable you to see the aftermath. The uterus is a sensitive organ, and comprises a set of involuntary muscles, as any obstetrician can testify after waiting twenty-four hours with a case of inertia uteri. Hence any condition affecting these organs readily affects the entire sympathetic system.

It is not my desire to discuss in detail displacement or prolapsus from lacerations, but to call attention to these as factors producing nervous disorders. After confinement, our patient remains in bed to regain strength, vitality and tone of the general system; then we allow her to get up and exercise, with proper diet and hygienic treatment. Now, with a laceration of the perineum or cervix, the uterus, not having undergone proper subinvolution, very naturally drops lower than normal in the pelvis.

The ligaments have not contracted to normal length, but are especially elastic at this time. The result is a malposition and a retroversion and a wedging in the pelvis. At first this is not usually noticeable to the patient, but later a burning sensation takes place on either side of the spine, followed by a constant backache during the day, with a cessation of symptoms on retiring at night. This continues for a while, and is then followed by a weariness at the base of the brain, and headache. These symptoms are only aggravated during the menstrual period. Then comes the lack of sleep and the patient spends a restless night, only to be followed by the pains the next day, and when this takes place there is a loss of appetite and what food is taken is without relish, fermentation results and the bowels are sluggish. The prolapsed uterus narrows the lumen of the rectum and interferes with its evacuation; the venous circulation is also restricted, causing more or less pain in the ovarian region, and many an erstwhile diseased ovary is removed on account of this source of trouble. Then begin the train of nervous symptoms. You may well say reflex, but it is none the less true, and I think it rather heartless to brand these women as hysterical individuals and prescribe some sedative and only have all the symptoms to recur with no alleviation of the cause. The nervous system becomes tense and, unlike the engine with an escape valve, has to endure until no longer able to do so. It is then that the nervous system gives way under

the strain. The cause still existing, constant irritation, sleepless nights, loss of appetite, urinary disturbances, anemia, menstrual disorders, loss of flesh, irritability, peevishness, fainting without premonition. I have observed two patients whose mentality have been deflected far from normal and six with convulsive seizures, all of whom were relieved by repairing the lacerated parts. These conditions should be examined carefully. Here I would like to impress upon you the close association of malignant diseases of the uterus with laceration of the cervix. Frequently hopeless cases can be properly treated and an operation will complete the cure.

The first prerequisite of an obstetrician is skill. The ease of diagnosis of these conditions in the beginning makes it inexcusable on the part of the obstetrician for failure to repair, or to inform the patient of her condition and impress on her the necessity of having the operation performed. It is not always a matter of good judgment to do these operations at the time of childbirth, as the tissues may be so bruised that healing will be impossible, but if done within a reasonable length of time, say not over one year, the patient does not suffer the nervous symptoms. I had under observation one case of sixteen years' standing, in which the laceration of the cervix was only one-fourth inch in length, but even so small it undermined the woman's nervous system. I examined this patient and could find no cause for her highly nervous state except the slight tear, and suggested an operation for its relief, and as she had exhausted the category of sedatives and stimulants she readily agreed. After the operation recovery was complete, patient gaining fifteen pounds, and cessation of nervous symptoms was complete. Hence, I will say that most cases of long standing have an endometritis, and should be curetted before a trachelorraphy is done. It not only relieves the uterus of its congested condition, but causes it to contract and reduce in size. You will always find after a successful operation that your patient will gain flesh, have a brighter expression, a good appetite, better digestion and relief from nerve tension.

I always feel repaid when one of these patients is restored to her normal tone, which occurs in a short time after the operation. I could mention numbers of cases and will cite an instance for the purpose of illustration. One case seen with me by Dr. Lipscomb was of sixteen years' standing; the woman could not sleep, had poor appetite, was constipated, complained of constant headache, had constant feeling of unrest. Finally she became addicted to morphine. Upon examination, I found a badly lacerated perineum and bi-lateral laceration of the

cervix. I operated and restored both cervix and perineum to normal condition and withdrew the morphine, and within three weeks her facial expression changed entirely, as did the color of the skin, and in one month she gained twelve pounds. The feeling of unrest passed away and she has not yet returned to the morphine habit. I keep in touch with these cases so that I may see what benefits are derived, and as yet I have to see the first patient not very materially benefited.

One other point on this subject is the baneful, painful effects of a miscarriage. It is hardly probable that a woman with lacerated cervix will go to full time, and with a lacerated perineum they lack the early support needed from these tissues. The operation is so simple any doctor with surgical inclination can readily perform it, and before you let a patient suffer the mental and physical symptoms concomitant either operate or send her to a surgeon, and your patient will have a much higher estimation of you, and deservedly so.

The most hopeful sign of progress in the investigation of the aetiology of pellagra is the announcement of Dr. Louis Sambon of the Liverpool School of Tropical Medicine, that the Field Commission studying that disease in Italy in the light of parasitic affections had arrived at the conclusion, supported by evidence, that pellagra was not due to diseased maize or Indian corn but was a parasitic disease, transmitted by a species of sand fly, "Similium reptans", which is common all over Italy. This insect is found wherever pellagra exists, and indeed pellagra has been found where no Indian corn is eaten or grown. Sambon's theory, according to the *Medical Record* of July 2nd., is "that pellagra is not due to maize, because it is found in places in which maize is neither cultivated nor eaten and is absent from many places in which maize is the table food. Pellagra is a parasitic disease, because for years the person affected may present some seasonal recurrences, which can be explained only by the action of a parasitic agent with alternating periods of activity and latency, and its symptoms, course, duration and morbid anatomy, as well as its therapy, are similar to those of parasitic diseases. It is insect-borne because like malaria, sleeping sicknesses, etc., it is limited to rural places, and more especially to the vicinity of certain water bodies." * * *

We can only add that the theory is plausible and it is to be devoutly hoped that at last has been found the keynote to this baffling mystery.

MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

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PELLAGRA.

The large number of cases of pellagra occurring in a radius of six miles in one neighborhood in Bolivar County is enough to excite some uneasiness in the minds of residents of that locality. Dr. Rhyne of Beulah has diagnosed sixteen cases of this disease, seven of which have died and one other will die in a few weeks.

None of his cases have been materially benefited by treatment more than is shown in the seasonal changes of this disease.

Really nothing is known of the etiology of pellagra, but it may be the part of prudence to continue to connect it with the use of spoiled corn. There is a strong tendency, however, in the profession to accept Sambon's reasons for suspecting—only tentatively expressed so far—that it is an insect-borne disease.

One of the reasons assigned by him for suspecting an insect as carrier of the disease is that: "within its endemic centers it affects all ages and frequently whole families." This is what would be expected if it be carried by an insect, but it does not coincide with Dr. Rynes' experience in his sixteen cases, no two of which were living in the same house or related by consanguinity.

In another instance, and the only one bearing on this point, I have seen a mother and her grown daughter with the disease. Of the total number of cases which I have seen in Bolivar County, about twenty cases, only one child under ten years old has had the disease, a negro boy about three years old, who died very promptly.

All these cases have been negro women except two, the boy just mentioned and a male Italian, who had symptoms of the disease before leaving Italy. H. L. Sutherland.

AS TO DRINKING.

Laying aside any and all superstition that has been handed down from the early dawn of history, and resting man's standing in the universe on the absolute basis of facts and results, it does not necessarily need a scientific observer to realize that the drinking of alcohol has been one of the greatest curses to which humanity has been heir.

On the cold basis of common sense, no rational being can point to a single instance where its imbibition has been beneficial to himself, to his family, to his friends or to his country.

As time rolls on and people emerge further and further from the bonds of ignorance, superstition and custom with which the ages have bound them, so that they may see things in the clear light of reason and common sense, the great wonder will be as to the amount of money wasted in alcohol the diseases created, the crimes committed, and the hearts broken under the influence of intoxicating liquors.

Among other sad words of tongue or pen are these: we have to unlearn many things on account of faulty teaching in early years.

Custom is one of the most difficult things in the world to transgress, and there are, comparatively speaking, few men who have the personal initiative to overcome such a barrier.

In the career of a family physician there are so many hundreds of instances of misery that are directly attributable to drinking that I often wonder how any physician can condone such use of alcohol and its derivatives.

In my early years I was so thoroughly imbued with the doctrine of personal liberty being inherent in the free-born American that I failed to recognize the fact that any personal liberty which transcends the rights of another individual, be it wife, mother, father or child, is not a liberty but a license, and as such should have no standing among civilized people.

In my earlier days I did not believe in prohibition. I do not believe to-day that it is a practicable measure in any community where the people are so thoroughly steeped in ignorance and selfishness and bestiality that they cannot deny their bellies what their appetite craves.

Whiskey drinking is not a political question. It is a moral, ethical and economic proposition which should occupy the very best thought of all sound minds.

From the cold-blooded standpoint of economics, the drinking of whiskey is indefensible, as being absolutely without any other result than crime, incapacity, selfishness, and the creation

of a countless number of idiots, thieves, prostitutes, sick and afflicted, and all those inept creatures which civilization has to care for.

Besides it is the most potential factor in causing municipal corruption and maladministration with which this country has to contend.

The medical profession owes it to itself and to the people at large that they join in every effort to impress on the public the utter inadvisability of drinking.

H. M. Folkes.

Society Proceedings.

Clay-Lowndes-Oktibbeha County Medical Society held its first meeting in the city hall, Columbus, June 23rd., President W. D. Hubbard in the chair. The minutes of the joint meeting of Clay-Oktibbeha Society and Lowndes Society were read and adopted. Twenty-six members were present and several guests. The regular program was suspended in order that Drs. Fondren and Thomas of Maben might present a clinic. The condition of the child was unusual and interesting, calling forth a good discussion as to the pathological condition. It was agreed that we accept Alabama physicians in adjacent counties as honorary members of our county society. It was also agreed that all physicians who wish to join the society during the fiscal year be accepted on payment of $1.00 dues. The following scientific program was very interesting and was widely discussed: "Hystero-Salpingo Oophorectomy Duplex For Fibroids", Dr. McKinley; "The Differential Diagnosis In Coma", Dr. Naugle; "Laceration Of The Cervix And Perineum A Factor In Nervous Troubles Of Women", Dr. Henry; "Pellagra: Presentation Of A Case", Dr. Lipscomb; "Hookworm And Public Health Campaign In Mississippi", Dr. Compton. Dr. Brothers' paper on "Hookworm; How The Infection Takes Place" was read by title. After completion of the scientific program adjournment was taken to meet immediately at the Stone Hotel where an excellent banquet given by the Lowndes County doctors awaited us. After enjoying the repast, Dr. Curry, the toast-master, in a most affable manner called for the following toasts: "What The Physician Is", Dr. Spalding; "Duties Of A Physician", Dr. Naugle; "Organized Medicine", Dr. Brown; "The Social Doctor", Dr. Henry; "The Consultant", Dr. Hubbard; "The Country Doctor", Dr. Hudspeth; "The Consulter",

Dr. Jones; "The Business Doctor", Dr. Mason; "Our Hosts", Dr. Crumpton; "Our Visitors", Dr. Lipscomb. The society was then reconvened and after a short business session adjourned to meet in West Point Sept. 22nd. 1910.

F. C. Spalding.

East Mississippi Four County Medical Society met in Amory July 12th. at 2 P. M. at the offices of Drs. Bryan and Burdine. The best clinic the society has yet enjoyed was held at this meeting. Dr. Burdine presented five cases of pellagra, three being from one family—a father and two daughters, and a case uncinariasis from the sand and pine hills of Itawamba county. Dr. Boyd of Houston presented a typical case of pellagra in a boy six years of age. These cases were carefully examined by the members present and a great discussion was held afterwards. Dr. Underwood read a paper on "General And Local Treatment Of Chronic Catarrh Of The Nose And Throat" which was discussed freely. At 8 P. M. an open meeting was held in the opera house, Dr. Bryan presiding and the speakers being Drs. Boyd, Reed, Durley, Burdine and Bryan. Attendance was excellent and music was furnished by the Amory band. Drs. Bryan, Burdine and Grady were most delightful hosts. They not only entertained the society at dinner and supper but had even arranged that all the soda founts ran freely. After the meeting the entire party was given an automobile trip to Smithville, twelve miles north of Amory by way of the historic "trace" road.

F. J. Underwood.

Harrison County Medical Society met in regular session in Gulfport, August 9th. The president being absent, Dr. Parker took the chair. Those present were Drs. Welch, Cowart, Caraway, Carroll, Parker, Sheely. There being no papers or clinics, a report of interesting cases was called for. Pellagra was discussed, Dr. Welch of Woolmarket reporting a case following pregnancy, the patient showing marked edema, rapid heart action and albuminous urine. Claimed that the various skin lesions, etc., were due to sun-burn. Patient lived only three weeks after onset of typical pellagra symptoms. Called attention to number of cases reported following pregnancy, all proving rapidly fatal. A case of fracture of femur in child two years old was reported and called forth discussion of similar cases. Dr. Sheely proposed that a committee of three be appointed to draw up suitable resolutions regarding death of Dr. W. T. Hutchins of Gulfport, a former member of this

society. The chairman appointed on this committee Drs. Anderson, Parker and West.

G. F. Carroll.

Pearl River County Medical Society met in Poplarville Aug. 10th. at 10 A. M., President McCoy in the chair and six members present. Dr. Nimocks read a paper on pellagra and Dr. Locke one on "The County Society". Resolutions were adopted requesting that the practice of refilling prescriptions, without consent of the prescribing physician, and counter-prescribing be stopped and copies of same ordered forwarded to each druggist in the county. Drs. Gavin and Williams were elected to membership. Next meeting will be held in McNeill, Sept. 7th.

F. Horne.

Letter to the Editor.

Baldwyn, Miss., Aug. 16th. 1910.

Dr. E. F. Howard,
Vicksburg, Miss.

Dear Doctor: I employ this method of reporting three cases of pellagra in the town of Baldwyn, Miss.

Yours, etc.,

Geo. H. McCain M.D.

Book Reviews.

HOOKWORM DISEASE—ETIOLOGY, PATHOLOGY, DIAGNOSIS, PROGNOSIS, PROPHYLAXIS AND TREATMENT. By Geo. Dock, A. M., M. D., Prof. Theory and Practice of Medicine, Tulane University, and Chas. C. Bass M. D., Instructor of Clinical Microscopy and Clinical Medicine, Tulane University. C. V. Mosby Co., St. Louis.

Aside from the fact that hookworm holds the boards to-day wherever medical men congregate in the south, we take an interest—an exceptional interest—in this book because one of the authors is a "home-grown product". Those who have listened to Bass discuss hookworm will recognize his enthusiastic style, tempered somewhat by the "blue-pencil" of the older man, and those who have not had better get the book and familiarize themselves with it, the style, for they will get more of it later

on if they keep up their reading. As for the value of the book, it contains everything about hookworm that the general practitioner needs or wants to know—that's characteristic of Bass.

PULMONARY TUBERCULOSIS AND ITS COMPLICATIONS. By Sherman G. Bonney M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 x-ray photographs. W. B. Saunders Company, Philadelphia and London, 1910. Cloth, $7.00 net; Half Morocco, $8.50 net.

There being no disease of commoner occurrence, more insiduous or more varied in its modes of attack, or requiring more infinite attention to detail in its care, it naturally follows that there is none requiring more careful study by the physician than tuberculosis. Much has been said and much written of this subject, particularly in late years, but this present production of Dr. Bonney, a man of large experience with the subject, is the most comprehensive that the reviewer has yet seen. Modes of infection, pathology, symptomatology, diagnosis and treatment are discussed rather elaborately and the manifestations of the disease in particular parts of the body receive due consideration. Altogether the work is just what is needed by the general practitioner, who must be able to view the patient as a complete whole and cannot confine his study and his investigations to any one part of the body or any particular set of organs.

THE PRACTICAL MEDICINE SERIES, VOL. III—THE EYE, EAR, NOSE AND THROAT. Edited by Casey A. Wood C. M., M. D., D. C. L., Albert H. Andrews M. D., and Gustave P. Head M. D. The Year Book Publishers, 40 Dearborn St., Chicago. Price Vol. III $1.50.

This small volume presents a very satisfactory review of the more important subjects discussed in the past year's literature on diseases of the eye, ear, nose and throat.

M. H. Bell.

THE SEXUAL LIFE OF WOMAN, IN ITS PHYSIOLOGICAL, PATHOLOGICAL AND HYGIENIC ASPECTS. By E. Heinrich Kisch M. D., Professor of the German Medical Faculty of the University of Prague, etc. Translated by M. Eden Paul M. D. 97 illustrations in the text. Rebman Company, 1123 Broadway, New York. Price $5.00.

Books of this character may be of use to the alienist, the medico-legal expert or the student of sociology, and therefore in a way to the physician since each of us finds himself at one

time or another in these roles, but when brought to the ultimate analysis are probably more in the nature of curiosities than anything else. Dr. Kisch has given more of the ethics of married life and the hygiene of marriage than is usually to be found in such works but it is pretty well hidden and requires some search before it is unearthed. The average physician will find many ways in which he can spend five dollars more profitably than by purchasing it.

THE PRACTICAL MEDICINE SERIES. Comprising ten volumes on the year's progress in medicine and surgery. Vol. IV, Gynecology. Edited by E. C. Dudley A. M., M. D., and C. Von Bachelle B. S., M. D. Series 1910. The Year Book Publishers, 40 Dearborn St., Chicago. Price $1.25.

These little books offer a ready and fairly exact way of keeping in touch with what is being done in medicine and surgery. The volume under consideration will be found of real value in the gynecological section of any library, presenting as it does a good summary of the work done by the best men during the past year.

THE PRACTICAL MEDICINE SERIES. Comprising ten volumes on The Year's Progress in Medicine and Surgery. Vol. I General Medicine. Edited by Frank Billings M. S., M. D., and J. H. Salisburg A. M., M. D. Series 1910. The Year Book Publisheer, 40 Dearborn St., Chicago. Price $1.50.

The abstracts in this volume are unusually good and contain more material that is likely to be of use than has been the case in late years. The articles have been well chosen and the arrangement of the book is excellent.

INTERNATIONAL CLINICS VOL. II. SERIES 20. J. B. Lippincott Co., Philadelphia. Price $2.00.

An unusually strong series of articles is presented in this number, furnishing a real treat. Among the contributors are such well-known names as Tyson, Billings and Deaver, and among the articles some lectures delivered at the University of Pennsylvania home-coming week and a short sketch of this event edited by Jno. G. Clark, Professor of Gynecology. Altogether the publishers are to be congratulated on having surpassed the high standard they have already set. However, in two articles, one by Professor Tyson, and one by Herman Allyn, one on cardio-vascular treatment and the other on dropsy, both allied subjects, there is a singular failure to mention calomel in large doses as a diuretic. This is all the more remarkable, since H. C. Wood, a colleague of Tyson and teacher of

Allyn, laid much stress on the Jendrassky method and by his teaching of it saved, through his pupils, unnumbered lives.

MYERS.

POCKET THERAPEUTICS AND DOSE BOOK. By J. Morse Stewart Jr., B.A., M.D. W. B. Saunders Co., Philadelphia, 1910. Price $1.00.

This little book contains all the information usually accessible to any owner of a dispensatory, and the occasion for its publication seems hardly justifiable. It must fill a need, for it has run through several editions. Probably tabloid editions will always be used by certain minds which must have facts presented to them plainly and simply, and this book is no better nor worse than the general run of its kind.

MYERS.

SURGICAL AFTER-TREATMENT. By L. R. G. Crandon A.M., M.D., Assistant in Surgery at Harvard Medical School. Octavo of 803 pages. with 265 original illustrations. W. B. Saunders Company, Philadelphia and London., 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

We beg to commend this book to all who do surgical work. Those who do much need it badly for the reason that in the hurry of so much work they are apt to consider the details of after-treatment may be turned over to an assistant as soon as the patient leaves the operating table, or, in severe cases, within a day or two. Those who do little need it even worse for the reason that they have not sufficient work to keep them "rubbed up" on details.

Beginning with the moment the operation is over, Dr. Crandon outlines the care during the entire convalescence. The dressings, the post-operative nausea, the bed, the nurse and the nursing, the records, shock, hemorrhage, and the hundred-and-one details that go to promote the comfort and safety of the patient, all are discussed fully and clearly in the early chapters of the book. The various fields are then considered and the different operations in each, and for every particular operation there are suggestions for the dressings and for any special points in the nursing or the after-treatment that may be of service.

Therapeutic immunization and vaccine therapy are considered in a chapter that all may read with benefit, a short chapter is given to the Coley serum for malignant tumors and finally there are some suggestions as to food recipes that might well and have been further elaborated so far as the man doing practice outside hospitals is concerned.

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*SOME REMARKS ON THE DIAGNOSIS AND TREATMENT OF PUERPERAL INFECTION.

S. A. EGGLESTON M.D.,

LEXINGTON.

While attending a post-graduate school in Chicago a few years ago I was impressed, and at times disgusted, with the importance the doctors there laid upon the subject of cleanliness during labor and the dangers of infection. They attached the greatest importance to it and text-books on obstetrics all give long descriptions on how to cleanse the lying-in woman and all persons and things connected with her delivery. As a matter of fact we know that, every day, cases of confinement occur right here in our practice, I might say, where all these precautions are not taken, and some amidst the most filthy surroundings, and no bad results follow. This does not mean that I do not believe in cleanliness, for I do, but I was, and am, at a loss to understand why so much importance should be attached to a subject my observation has led me to believe of doubtful importance. My only explanation has been that in cities there are a great many more germs lurking around looking for women helpless in childbirth than there are in the smaller towns and the country where we live.

While I am inclined to think the danger must be greater in cities, still occasionally here we see cases of puerperal infection and the study of the disease is, I think, most interesting. In a short paper, I have endeavored to discuss, briefly, the diagnosis and treatment. By diagnosis, I do not mean whether or not we have puerperal infection to deal with, because that in itself is usually not hard to do. One writer, Williams, states it pretty strongly when he says that "generally, a temperature exceeding 100.4° F. and persisting for more than twenty-four hours, should be regarded as *a priori* evidence of puerperal infection". This, of course, in a woman who has been doing well the first few days following confinement. It might be con-

* Read before the Holmes County Medical Society.

founded with other diseases, such as typhoid or malaria, but that usually can be cleared up.

Granting that we have a case of puerperal infection, it is of the greatest importance, because our prognosis and treatment should be guided by it, to know if we are dealing with a septic condition or general infection, or a sapraemia or local infection. How to make this distinction accurately, definitely, without the aid of the microscope, I have been unable to find, and without knowing our treatment is bound to be more or less guess-work.

Sapremia is a local condition caused by dead material in the uterus becoming infected by the saprophytic or colon bacilli. The bacilli are superficial, never go deep, and in themselves would do slight or no harm except their site may become infected with other more dangerous germs. Mild cases of sapraemia may occur without any noticeable symptoms. But usually there is a chill, high fever and tense pulse, rarely over one hundred and ten. There may be little or no pain. The discharge is mucous and stinking, putrid and frothy. The cervix is always more or less open and if the finger be introduced into the uterus a rough elevated surface can somewhere be felt. This condition we often find following labor, caused by pieces of retained placenta. Toxines are produced and carried off by absorption into the blood current. The active germs do not enter the system and the treatment is the removal of the cause, the source of infection, and with its removal, unless the patient has too large a dose, the symptoms will at once begin to ameliorate. To do this the best means is the finger. It should be introduced into the uterus and all offending material removed and the uterus washed out with a sterile salt solution. Pryor goes further and packs the uterus with iodoform gauze. If not followed by improvement in twenty-four hours, this should be repeated. Constitutional treatment, such as antipyrectic measures and stimulants, may be indicated and should be given. In my limited experience, I have used a combination of quinine, salol and strychnine with apparently good results. Most authors advise giving ergot, especially where the uterus is larger than it should be, in order to close the lymphatics and thereby prevent, to a certain extent, absorption.

Septic infection is a much more serious affair. It is caused by infection by streptococci, staphylococci and other germs, which are more active and may be very virulent. They imbed themselves in the surface of the uterine wall exposed by the removal of the placenta and in a few hours may pass into

the lymphatics and the general circulation. Other organs, such as the ovaries, tubes or peritoneum, may become infected and our attention be directed to trouble in these organs before the uterus is suspected. The patient may have a chill, but more often rigors, with slight fever which gradually and continually rises, the pulse is fast and weak and the countenance anxious. The lochia is decreased in amount, as a rule, and may suddenly stop. In its place may be a slight mucopurulent discharge which has no odor. This is in striking contrast to the profuse, stinking discharge of the sapraemic variety, and should be carefully noted by the physician. It is said that the prognosis is in adverse proportion to the odor of the discharge—the more stinking it is the more favorable is the prognosis. The finger introduced into the uterus will find its surface smooth and sleek, bathed in a muco-purulent secretion. With a speculum a false patch may always be found in the vagina or vulva. This is never present in the sapremic form. Albumen will be found early in the urine and there is a marked leucocytosis. Tihs, of course, is not of any value to us without the aid of the microscope. Only by the microscope can the diagnosis be positively determined. In sapraemia the saprophytic or colon bacilli are found in the discharge, in the septic the streptococci, staphylococci or gonococci. With the latter there is usually found ophthalmia neonatorum which confirms the diagnosis. I do not attempt to discuss the complications or their treatment.

The treatment of this condition is a bone of contention among medical men. Some use a curette, others condemn it as positively harmful. Some use antiseptic douches, others say they can do no possible good and may do very marked harm. Some treat the uterine cavity vigorously while others leave it severely alone. Some inject sera or other agents to produçe leucocytosis into the circulation, while others place their reliance in keeping the secretions active and using vigorous stimulation. With all these different ideas as to treatment, it is hard for one to form any satisfactory plan as to just what to do. Statistics show that seven to twenty-five per cent. of septic infection cases die when let alone; those curetted show a mortality of twenty-two per cent.; to those given antistreptococcic serum, thirty-three per cent die. This latter, the serum, treatment, from which so much was hoped, has proven disappointing. This, it seems to me, should be the ideal treatment and its failure is attributable to the fact that it is not possible to obtain from the horse or any lower animal a serum which will neutralize the action of the streptococci and other germs in the human being. To meet this difficulty, Meissil obtained a

serum from a woman convalescent from a severe attack of puerperal sepsis. This was injectied into sixteen cases in which streptococci were found in the blood or discharges and all recovered. This would seem to be at least encouraging and it is hoped further efforts will succeed in procuring an efficient serum.

With all these different ideas it is hard for one to form any very satisfactory plan of treatment to follow. From all I have been able to gather from authorities, and from my own ideas of the disease, I have decided the proper course to pursue would be: first introduce the finger into the uterine cavity and if any dead or offending material is found remove it with the finger and not the curette. The finger is much safer and juts as efficient. Follow this with douche of sterile saline solution. After deciding, by introducing the finger into the uterus and by other means, that we have a puerperal sepsis and not sapremia to deal with, let the uterus entirely alone. The bacteria producing sepsis are very active and virulent and one hour after their taking hold they are far beyond the reach of the finger, the curette, douches, or any other agent introduced into the uterus. These treatments can only do harm by reinoculating the patient by germs in the lochia and elsewhere, and the chances are the condition is made decidedly worse. If it must be interfered with, then use the finger and never the curette to clean out, and as a douch use sterile saline solutions and never antiseptic solutions. We can possibly reach the germs and the saline will clean out just as well as the antiseptics and there is no risk of poisoning. After this, pack the uterine cavity with iodoform gauze, or what seems best, or paint it well with tincture of iodine. But, as said, I believe it best to leave the uterus alone and treat the patient in the hopes of keeping her in condition to overcome the effects of the germs. They are already in the system and we cannot reach them locally. Give calomel and follow with salts to relieve the bowels and keep them open. Flush the kidneys with large amounts of water by mouth and saline solutions under the skin or in the rectum. Support the patient with strychnine and food, plenty of alcohol, whiskey or brandy, and relieve pain and restlessness with morphine or some sedative. Locally an ice bag or, what is better, turpentine stupes may be applied over the abdomen. After doing this much, I think we have to trust to nature for the rest, and we are at least to be consoled by the statement of Mermann that he treated more than one hundred cases with placebos and found the percentage of recoveries was as good or better than by all recognized modes of treatment.

*A PLEA FOR THE EARLY DIAGNOSIS OF TUBERCULOSIS: HOW SHOULD SUCH CASES BE MANAGED?

C. L. SIMMONS M.D.,

McBRIDE.

This part of the subject I selected to show how and where many of us physicians are not doing our duty toward our families, public and patients. I will mention a few important points on the diagnosis of incipient phthisis. The family record and personal history should be sifted down, during which time the patient will give a history of fatigue on slight exertion, loss of weight, some gastric disturbance, with general malaise. These patients may or may not be troubled with a congh. As a rule the heart at this early period will share its part of the trouble. We should look after the bodily temperature. Ott and others have shown that a temperature ranging from 96.2 to 96.8° F. day after day or after slight exertion is pathognomonic of tuberculosis. On the other hand we may have a slight rise in the temperature curve in the afternoon. To reap any benefit from this test our patients must be looked after from day to day.

It is my personal opinion that we too often either from oversight or neglect overlook many cases of incipient phthisis, this being due to the lack of stripping our patients and making a careful examination. We too often depend upon the microscope for an early diagnosis, while it should be classed third as a diagnostic aid.

We should make a systematic examination of the lungs. Should we find feeble breathing, harshness in the respiration localized at any point, or if upon deep respiration we detect a fine crepitation or stickiness in the respiration on prolonged expiration, whether dullness be present or not, we should be on the alert for tuberculosis. Should we not be satisfied with these findings, I think it well to try the tuberculin test. The honor of first employing tuberculin for diagnostic purposes belongs to Von Bergmann, who determined the nature of a tumor on the cheek, supposedly tubercular. We may use this test in two ways, the mucous and cutaneous. The Ophthalmic reaction is less reliable.

Pirquet had three positive eye reactions, while the autopsies showed no tubercular lesions. He reports a few severe eye complications following the test. I have used a few tests, some of which showed up well. I used the hypodermatic

*Read before the Jefferson County Medical Society.

method, being careful with the technique. Those that reacted had a rise in temperature within twenty-four hours, headache and malaise. A red zone was plainly seen extending about an inch around the entrance of the needle. Three of those in which the reaction showed up died of tuberculosis, others I had been able to build up. Now after we have made our diagnosis, shall we tell our patients? I say tell them and make sure that they understand every word you say; teach them the chief danger of the infection. Let's not let them go away feeling as if they will soon be well and that there is no danger of their infecting others. Such patients usually drift from one physician to another, returning later as hopeless subjects. They give histories of having taken the rounds, during which time they have had prescribed for them the cough syrups, Peruna, Foley's honey and tar, wine of cardui, etc.

Just think of the annual mortality of the world, thirty-five million, five million of which die of tuberculosis. It is now time for the profession to join hands and take the proper steps to prevent the spread of this dreaded disease. In order to accomplish anything we must teach our people how to prevent the disease. They should be taught the different ways in which it may be transmitted. Our domestic animals are more or less dangerous. It has been incontestably demonstrated that the disease may be transferred from animal to man. The bacteria from animal or man may reach the air in sputa, urine, milk, feces and purulent material. Flies and insects constitute another source of infection. Keen reports a case of tuberculosis contracted by the use of a hypodermic needle containing a culture of tubercle bacilli. Our laws should be enforced relative to the selling of tuberculous meat, for such meat improperly cooked is dangerous. Next brings us to hereditary influence, which plays quite an important part. I was taught that we never inherited tuberculosis, only a constitution susceptible to such. Hereditary tuberculosis is seldom noticed, though it is possible for a child to be born with tuberculosis. In my small practice I have seen one case. We should have a law prohibiting the marrying of such subjects. It is at this early period when we are able to reach some benefit from properly managing such cases. Later on when the microscope will show up the trouble, and cavities have formed, it is too late; they have spent their golden moments. Some physicians send their patients in all stages west, without first looking into their financial condition. I don't think any physician with proper judgment would send such patients away from home.

*THE SURGICAL ASPECT OF FRACTURE OF PATELLA.

M. O. SHIVERS B.S., PH.G., M.D.,

GREENVILLE.

"Serverino in 1858 performed the first open-suture operation on the fractured patella. The patient died. Lord Lister repeated the same operation three years later. His patient lived." The results mentioned suggest much to us as to these cases, namely that asepsis is a most important factor in the cure of these cases if the joint is to be opened. It is not the purpose of the essayist to discuss the different types of fracture, the associate injuries, the cause and symptoms, but the surgical or operative treatment. I would suggest that the open method is indicated in the presence of aseptic environment and a competent surgeon, without which the non-operative or conservative treatment should obtain. This is where neither the junk surgeon or junk surgery can depend on Dame Nature. Magruder has well said: "It is indicated in fractures productive of functional impairment, in the one-legged, in bi-lateral fracture of the patella, in re-fractures, in ununited fractures, in unrepaired aponeurotic lacerations. The open method may be confidently recommended in the presence of aseptic environment, a competent surgeon, safe suture material, favorable physical condition of the patient, bad position of the fragments, in profuse intra-articular effusions, in compound fracture. It is contra-indicated in the diabetic; in advanced tubercular disease; in chronic cardiac, renal or hepatic disease; in the closed type and without displacement; in simple subaponeurotic or incomplete fractures and those in which separation of the fragments is so slight as to be barely detectable."

Surgeons of equal skill and ability differ widely as to their methods and time of operation. Trendelenburg recommends a delay of eight or ten days, while many other renowned surgeons say there is no reason for delay, that the earlier done the better, that there is nothing in the "immunity bug". Statistics seem, however, to justify the delay operation on the grounds that infections are much more common in operations done the first day than later. Dr. E. Wiley Andrews always operates after the fifth day. It does seem that a period of reaction is reasonable; the stopping of hemorrhage, the beginning of absorption and the assumed immunity should contribute to the safety of the procedure. With a given case before us when must we operate and what method must we choose? I would humbly

* Read before the Washington County Medical Society.

suggest the following: As to the type of incision I advise an entirely new one, that is, two vertical incisions, one anterior internal and the other anterior external, length of incision long as necessary. The advantages of these incisions are that the flaps have better arterial and nerve supply, they admit of good drainage, and give ample exposure to the field of injury, a factor much to be commended in dealing with impaired structures. Its advantage over the oval or transverse incision is that it prevents the excision of any of the aponeurosis, it never cuts the fibrous covering of the patella, which is always done in the oval flap method, it permits thorough cleansing of the part and repair of the lateral capsular aponeurotic tears. Its advantage over the median vertical incision is that the cicatrix is not exposed to pressure on kneeling. With the field of dissolution before us the next step is to cleanse same of clots and arrest hemorrhage. The first should be done with dry sponges. To me the dry method is superior to either the irrigation with salt or sterile solutions. Antisepic irrigations are injurious to the delicate structures and predispose to inflammation. In fact the Golden Rule obtains here as elsewhere: "never use antiseptics where there is no infection". After the debris has been removed and rugged edges corrected, the third step of the operation is to be considered, namely, the suture of the dissoluted parts. Here surgeons differ widely and we will discuss only the method employed by us. Twenty day cat-gut is the suture of election, while wire should not be used. Dr. Wm. E. Schroeden has well said "since we have gotten rid of the wire it is marvelous to see how we can invade the knee joint". If sutures are properly placed in the fibro-periosteum and it is completely coaptated and the rent in the capsule on either side is closely sutured, which can be done most advantageously through the two incisions, and the fascia, if torn, treated likewise, the results will be better than where wiring is done. Just here I would suggest that two or three threads of catgut should lead from the patella to the surface for drainage in all cases, on one side, for there is always a slight exudate. The incisions are closed with silk-worm and dressed with hot bichloride gauze covered with non-absorbent cotton and put up in extension. A board, well padded, under the leg acts well, is not hot like a plaster bandage and admits of investigation more easily. If no temperature, the dressing should remain six or eight days. Within twelve days massage is used with passive motion. In three weeks the patient is out of bed wearing an elastic bandage. Restoration of function is the prime object of treatment and by using this method and starting passive motion earlier,

thereby avoiding ankylosis, a great advance has been made in this particular field of surgical intervention. The advantages of this method are complete exposure of the field, especially the lateral rents in the capsule, the joint is kept sterile by using only dry cleansing, no foreign body as a wire is left in the joint, the catgut placed only in the structures gives better coaptation, thereby preventing fibrous union, the limited drainage takes care of any excessive exudate, it admits of earlier passive motion and functional recovery is always assured. Indeed the method is both scientific and rational.

I append the following case: Mr. J. R., age thirty-eight, fell on the street, sustaining a transverse fracture of the patella, fracturing the bone and completely lacerating the aponeurosis and the lateral ligaments. He remained in bed for six days, given sedatives and local applications to the knee. A large hematoma formed and the sixth day, under general anaesthesia, two incisions of four inches in length, anteriorly, one internal and the other external to the margin of the patella, were made. About two ounces of clotted blood was removed from the knee joint by dry sponging; no irrigation whatever. In one place the joint was opened. The aponeurosis and lateral capsulae were sutured with twenty-day catgut. No wire was used. This thoroughly coaptated the patella. Two small drains of catgut were placed at the angle of each of the incisions. The incisions were closed with silk-worm and the knee dressed with hot bichloride gauze covered by non-absorbent cotton and placed in extension on a well-padded board. On the eighth day the wound was re-dressed, removing the stitches, with primary union. On the twelfth day passive motion with massage was begun. The patient remained in bed three weeks, given daily massage and passive motion, after which time an elastic bandage was applied and the patient permitted to walk. Functional recovery was complete.

Bibliography: Keene's Surgery, Journal American Medical Association, Journal Gynecology and Surgery.

The primary elements for certainty in the application of medicines are the following: we should know exactly what our drugs will do, and by what symptoms we may estimate the full desirable action; how soon we are to expect the evident manifestation of action from the drug; when the acme of each is reached and how long the effect lasts; also how soon and by what channels the drug will be eliminated.

*THE TREATMENT OF FRACTURE OF THE LONG BONES.

WM. T. BLACK M.D.,

MEMPHIS, TENN.

A great deal has been written of late years upon the treatment of fractures of long bones, but the question has not been settled or agreed upon uniformly by all operators.

When we know that fractures comprise one-seventh of all injuries (Brun's), and that last year seventy-five per cent of the lawsuits against physicians were brought for supposedly bad results in the treatment of fractures (Walker), we are compelled to admit that the results were not what they should have been, or our opinion of good results and the opinions of our patients do not coincide; consequently enough has not yet been said about fractures.

How shall we know best how to treat these fractures systematically when we have men of equal reputations differing in their views upon the subject. We have Lane, Martin, Koenig and others advising the open treatment in all simple fractures; Bardenhœuer, Riman, Stimpson and others recommending the closed method. Krause, Dolliger and other able surgeons advise the ambulatory treatment, while Champonnier practices massage and movement from the beginning. So it is hard to settle upon a routine method of treatment ; that is, whether we shall treat simple fractures as closed wounds, or whether we shall open and treat. Only experience (with both methods and the X-Ray) will enable us to decide which case we will open and which shall be treated closed. I do not believe all simple cases should be opened, but I do not see why anyone should hesitate under proper conditions to open an extremity any more than we do to open an abdomen. I do not see why we should have infection in the leg any more than in the abdomen. If we have grease and dirt, etc., wash with gasoline or ether and prepare the leg in the same manner that we would the abdomen. It has been proven that tincture of iodine applied to the part will render it more aseptic.

Scudder says, "Operating upon freshly fractured bone is to-day safe, if the operative technic is perfect. Osteitis and necrosis do not commonly follow properly placed fixative materials; wire, nails, pegs, plates or screws. Union of the fracture is usually facilitated and not delayed by operation. Damage to the soft parts extensive enough to cause post-operative difficulties may be avoided and is not a menace."

* Read before the Clarksdale and Six Counties Medical Society.

Mr. Dent has shown that fractures of both bones of the leg renders about thirty per cent. of men unfit for police duty or for a strict physical examination; where a man is compelled to stand for four or more hours at a time, fracture of the femur renders him unfit for the same duty.

The operative treatment in fractures of the olecranon process accompanied by wide separation, fracture of the neck of the femur, in the young, and fracture of the patella have been definitely settled by most of the surgeons—why not form a more definite system of treating fractures of the shafts of the long bones?

We know that when we have a shortened or deformed long bone, we have muscular interference; consequently our patients demand of us the best efforts for their relief. If we can have better results, by having less shortening or deformity, lessen the chances of a non-union, why not open.

There are a special class of simple fractures that demand the open method if we want to obtain the best and quickest results, viz: in fractures of the large, long bones near joints, especially if accompanied by dislocation; in cases where we are unable to reduce or retain the bones in apposition; where we have a torsion fracture with the soft parts intervening; in fractures of the humerus when the musculo-spiral nerve is injured; in multiple fractures it is better to fix the pieces together, and in oblique and spiral fractures of the femur, tibia, and humerus we will have more perfect results by fixation. The upper third of the femur is especially hard to hold in perfect position, on account of the large external rotators and adductor muscles.

Transverse fractures of these bones, where the ends are held in perfect alignment, when reduced, do not in my judgment require opening.

Mr. Lane says, "If the ends of the bones are in perfect apposition, the shortening will be almost nil."

W. LeMoyne reports seven cases of fractures of the femur and two of the humerus treated with only one-fourth inch of shortening in one case. Others report similar results.

I believe compound fractures of these bones should be opened, not only for the care of the bone, but especially for the care of the soft parts. In cases where dirt is ingrained into the tissues, cut out the part, remove small detached fragments of bone, suture the muscles and nerves together if severed. If badly damaged and dirty, apply carbolic acid followed by alcohol. If the patient was injured on the street, apply tincture of iodine for its antitetanic effect, drain for two or three days, or longer unless contraindicated.

The fixation of the bones at this time depends upon the amount of damage done the soft parts. If it is questionable whether we will be able to save the limb, wait until the seventh, eighth or ninth day, "when the lymph channels are coffer-dammed and the new capillaries are developed to their greatest resistance against microbic invasion." (Murphy).

What materials or instruments will best serve our purpose when we treat fractures by the open method? Screws for fractures of the neck of femur, condyles, malleoli, etc.; wire (aluminum, bronze or silver) acts well in certain fractures; the plates and staples recommended by Mr. Lane undoubtedly fix the points more immovably together than most of the other materials; the ivory pegs first advocated by Magnuson and lauded by De Forest, Williard and others in this country, can be tried; the instruments of Parkhill, Freeman and Keetly have their respective advantages; intro-medullary pegs, or the metal staples devised by Jacoel and Dujarier have a following. Where we do not need strength, absorbable material is the best to use. In fractures of the clavicle (which will remain in apposition) olecranon process and patella, chromic catgut or kangaroo tendon should be given the preference. I have used chromic gut in the tibia with satisfactory results.

The day has come when the patient demands of the surgeon the treatment that will get him well quickest with the best results. The cost of living is so high that the wage-earner cannot afford to be away from his business any longer than possible.

I believe that if we select our cases and open oftener, we will have better and quicker results and that many physicians will not be embarrassed by suits brought against them for bad, or supposedly bad, results and that corporations will save annually large sums of money.

The popularity all over Mississippi of the out-door sleeping porch must in the course of a few years have remarkable effects on the health of our people. In our delightful climate, for at least nine months, out-of-door sleeping is not only healthful but decidedly more pleasant, for no matter how cool the house, it is always many degrees hotter than the outside air. Besides eliminating tuberculosis, which is fortunately comparatively rare with us, the habit of out-of-door sleeping will build up a resistance which will enable many to overcome many affections which now prevail.

*PELLAGRA IN A CHILD TWO YEARS AND TWO MONTHS OF AGE?

ROBERT E. JONES M.D.,

CRYSTAL SPRINGS.

As the literature observed by me upon the subject of pellagra has not contained a report of a case of the disease in one so young, it may be deemed reasonable that the interrogation point is placed at the close of the subject announced.

Dr. Bass either reported or told me of a case in a child four years of age. The question as to the shortest time that may be required in one subjected to the cause of the disease before there is evidence of the existence of the infection, is doubtless an unsettled one.

A child that has so recently obtained its food supply from the breasts of the mother, and which source has been an important part of its sustenance throughout the period of the symptoms of pellagra, would have had only a short time in which the cause of the infection could be operative. A common practice with mothers, however, is to begin to feed babies from the table at a very early age. It has been my privilege to have seen only a limited number of cases of pellagra. The fact is recognized by me that at this age, from gastro-enteric disturbance and infection, eruptions of the skin are common, and varied in character, but in my experience nothing of the nature as here presented has been observed.

It is my purpose, therefore, in offering the report appended, to place upon record a case in which these symptoms were found, rather than offer a treatise upon the subject of the disease.

Genina, a white female, was born January 29th. 1907 of healthy parents who lived in the country and whose father was a farmer; the father and the children who were large enough did the work on the farm, while the mother did the domestic work, often assisting in the out-work done by the husband and children. She was fed the first year of her life from the breasts of her mother, who gave a good supply of milk. During the first summer she suffered from indigestion at times, with derangement of the bowels. In March 1909, when the child was two years and two months of age, I was asked by the father at my office, without seeing it, to prescribe something for loose bowels from which it was suffering.

The father frequently came to me throughout the summer

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

to prescribe for this condition, stating that the medicine given for its relief seemed to do a great deal of good but that it was never entirely free from the trouble.

The discharges were generally loose or watery, but occasionally there was blood, with straining at stool. In October of this year, 1909, my associate, Dr. Dampeer, was called to see a case on a farm near this family. While there this child was brought to him because of an eruption on its limbs and face, and because of a severe stomatitis. Its condition otherwise seemed very much improved; digestion and bowels in good condition.

He asked if I had seen the case, was told no; and to him was related what had transpired through the summer. He expressed the opinion that it was a case of pellagra, and requested the parents to bring the child to our office the next day to be seen by me.

The dorsum of each hand and arm to near the elbow, the dorsum of each foot and anterior part of each leg to near the knee were covered by skin which was rough and of brown color. There were patches of similar appearance on the sides of the neck, back of and a little below the ears. There was no itching—just a rough, darkened skin. There was a very severe stomatitis, bowels not giving trouble, but it had a debilitated appearance. The child was given Fowler's solution and iron, and its parents were advised as to its diet: eggs, milk, etc., to be freely given. All food containing corn was prohibited. It was given bismuth and a mildly astringent mouth-wash for the stomatitis.

The parents, being asked about its diet, stated that at about the age of one year it displayed a fondness for corn bread and milk; and, although the mother gave plenty of milk from the breasts, it ate freely of milk and corn-bread for a year preceding the first symptoms of this illness.

About the 17th. of November 1909 the child took laryngeal diphtheria and, notwithstanding the free use of antitoxin, soon succumbed.

I have under observation two cases of plague in hunters in which the history pointed indisputably to contact with squirrels as the source of infection. In each instance an infected squirrel was found in the vicinity where the man had been hunting; in one the infected squirrel had been found for several months before the human case developed.—McCoy, *Public Health Reports.*

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SUBSCRIPTION ONE DOLLAR PER ANNUM.

Mississippi owes it to herself to raise the requirements for the practice of medicine within her confines.

No under-graduate should be permitted license to practice medicine in this or any other state claiming civilization.

No person, not clothed with adequate and ample legal authority, has any right to take into his carge the care of human lives. No sect or cult should be authorized and empowered to engage in the preservation of health unless its men are fully prepared in a standardized college for the practice of their profession, be it medicine, surgery, homeopathy, osteopathy or any other pathy.

The practice of medicine is so all-embracing that the restriction to the mere administration of drugs would be as absurd as to require a railroad to restrict the operating department solely to the use of steam.

It is to be trusted that interest may be aroused among our law-makers so that at the next meeting of the legislature petty jealousies and narrow animosities may be sufficiently eliminated to permit the passage of a broad, comprehensive, scientific medical-practice act.

Of all the conservations, that of health is the most important, and while Mississippi has probably as low a morbidity and mortality rate as any other southern state, yet we do not know that this is true, as the state legislature has hitherto studiously avoided measures looking to the gathering of vital statistics.

A law along these lines is also badly needed.

H. M. Folkes.

Society Proceedings.

East Mississippi Four Counties Medical Society met at the court house in Tupelo August 9th., Dr. R. M. Boyd in the chair. Those members present were: Boyd, Bryan, Walker, Goyer, Gurney, Acker, Spencer, Keyes, Anderson, Elkin, McMillan, McCown, Sadler, Green, Bonner, Boggan, Foster and Underwood; and the following visitors: Holland, Pyle, Brown, Nash, Leathers and Waters. An excellent paper was read by Dr. J. C. Walker of Houlka on "Psychotherapy In The Treatment Of The Psychoneuroses". Discussion was full and free, especially by Drs. Gurney, Bryan, Boyd, Sadler and Bonner. A case of uncinariasis was presented by Dr. W. C. Spencer of Verona, the subject being an eleven-year-old boy. The subject of pellagra was thoroughly threshed out. The applications of Drs. Foster and Gurney were approved. The program was concluded at the opera house at 8 P. M., at which place Drs. Bryan and Leathers entertained the doctors and public with health topics for two hours or more. The next meeting will be held at Okolona the second Tuesday in September at 2 P. M.

F. J. Underwood.

Harrison County Medical Society met in regular session Tuesday, Sept. 13th. at 2 P. M., with president, Dr. H. H. West, in the chair. There were present Drs. Parker, Welch, Mohler, Caraway, Folkes, West, Morris, and Dr. Williams from Ellisville. Dr. Carroll being absent on account of illness, Dr. Morris acted as secretary. On motion of Dr. Folkes, the society unanimously decided to appoint a committee for the purpose of inquiring into the cause of typhoid fever on the coast, this committee to act in conjunction with the Health Board. The chair appointed Dr. Folkes as chairman of that committee, with the power to name the other members thereof. Dr. Folkes read a very interesting paper on perforation in typhoid fever, with report of case, which was of unusual interest from the fact that eleven days after operation for the relief of first perforation, a second occurred resulting in death. This was discussed by many present, bringing out many phases of typhoid disease. Only one gentleman present reported having seen a death from intestinal or other hemorrhage from typhoid. Dr. Parker offered a query, asking the cause of death in a certain appendectomy seventy-two hours after operation, in which there was no physical sign or symptom, or apparent indication that would explain to his satisfaction the untimely end of this

patient. Various hypotheses were offered by gentlemen present. Dr. Folkes suggested that it was probably due to peritonitis, in which some of the most prominent symptoms might have been obscured, calling attention to the fact that acute pain might not always be present, and that in his judgment a case of peritonitis might be so obscured, by other dominant symptoms, that it might escape our notice during the period of invasion, and that it is possible and often very probable that in many cases of appendicitis, the *materies morbi* might gain access to this very vulnerable serous membrane, by osmosis or contiguity of tissue, another very pertinent argument against delays in operating. After some time spent in very pleasantly and freely discussing these matters, which seemed to be enjoyed by all, with the regret that more of our members were not present to take part in these interesting discussions, the society adjourned till its next regular meeting.

A. L. Morris.

Tri-County Medical Society (P. L. C.) met at Brookhaven August 23rd., with the following members present: Arrington, Crawford, Frizell, Flowers, Gordon, Higdon, Hewitt, D. W. Jones, Johnson, E. S. Little, Martin, McLeod, McRee, D. W. Magee, Purser. Also the following visitors: Drs. Lewis, Tyler, Sartin and Walker. Dr. Jones opened the program with a short paper on tuberculin as a diagnostic agent in tuberculosis, seeking to show that a diagnosis can often be tentatively made by these agents before physical signs are evident. The subject provoked quite a spirited discussion. Dr. McLeod then read a paper on the surgical aspects of tuberculosis. This was a most excellent paper, covering the subject thoroughly, and was illustrated with skiagraphs. Dr. Little then read a paper on the "Prophylaxis Of Tuberculosis". This was a masterful pretation of the subject, showing the duty of the profession generally, of health officers, and the public. Both these papers were discussed generally, and a resolution was passed pledging the support of this society to the State Board of Health in its campaign of public health and sanitation. The society then adjourned to meet again at Brookhaven in October. After adjournment refreshments were served and a pleasant half hour spent in social intercourse.

D. W. Jones.

Washington County Medical Society met in regular session in Greenville July 6th with Dr. O. W. Stone in the chair. Roll call showed the following members present: E. A. Cheek,

C. M. Chilton, J. J. Ferguson, H. A. Gamble, W. L. Howard, J. B. Hirsch, F. M. Halbert, B. T. Orendorf, M. O. Shivers, J. D. Smythe, E. C. Smythe, O. W. Stone, W. A. Stevens, E. F. Turner, J. E. Williams. Visitors present: Dr. W. P. Shackleford, Pantherburn; Dr. McNeil, Greenwood; Dr. J. F. Simmons, Percy. The application of Dr. Simmons was presented to the society and he was accepted as a member. The following program was carried out: Some Observations At The A. M. A., Dr. W. L. Howard; Lymphatic Leukemia, Dr. W. A. Stevens; Pellagra, (a) Report of Cases—Dr. Ferguson, four—Dr. Cheek, four—Dr. E. C. Smythe, two—Dr. Halbert, two—Dr. Simmons, one, the patient also suffering from hookworm; (b) Discussion; Carcinoma Of The Breast, Dr. J. D. Smythe; Surgical Aspect Of Fracture Of Patella, Dr. M. O. Shivers; Abortive Treatment of Gonorrhoea, Dr. J. B. Hirsch; Spinal Anesthesia, Dr. B. T. Orendorf; 10:30 P. M. Smoker. The meeting closed with a smoker—*natura vacuam abhorreat.*

B. T. Orendorf.

Book Reviews.

DYSPEPSIA: Its Varieties and Treatment. By W. Soltau Fenwick M.D. (London), Doctor of Medicine of the University of Strassburg. Octavo of 485 pages, illustrated. W. B. Saunders Company, Philadelphia, 1910. Cloth, $3.00 net.

It is the reviewer's experience that most of the treatments of dyspepsias is empirical, nearly every physician having some favorite formulae on which he relies in all cases, totally neglecting to make a systematic search for the cause of the disorder. Since this latter is always secondary to some other condition it is no wonder that chronic cases drift from physicians to "science healers" and run the whole gamut of patent medicines and watering places. The book under consideration is based on clinical experience gained by the observation of more than eighteen thousand persons suffering from indigestion though the author, for the sake of completer analysis and more careful consideration, limits his figures and deduces his conclusions from one thousand cases—half from private and half from hospital practice. In the first chapter is given a scheme for differentiation between the various forms of dyspepsia that is altogether excellent and assists wonderfully in making a diagnosis. The various types are then considered separately. Special prom-

inence is accorded those varieties of dyspepsia which develop during infancy and old age and to those pathological changes that take place in the mucosa of the alimentary canal at the extremes of life. Finally, intestinal indigestion is considered. We warmly recommend the book as a valuable aid in the solution of some of our most difficult problems.

GYNECOLOGICAL DIAGNOSIS. By Walter L. Burrage A.M., M.D., Clinical Instructor in Gynecology, Harvard University, Instructor in Operative Gynecology in the Boston Polyclinic, etc., with two hundred and seven text illustrations. D. Appleton & Co., New York. Price, cloth $6.00, half leather $7.00.

Uterine disorders comprising no inconsiderable part of the general work—if not in their treatment at least in their diagnosis—he will find Dr. Burrage's book of untold assistance. This is especially so because the author has cut loose from complicated methods and instruments and describes tecnic that can be employed by any physician with brains in his head with a few appliances that can be found in almost any doctor's office. Two chapters stand out in especial prominence—on the menopause and on gynocological affections of infancy and childhood. Any one who has been worried—and which of us has not—by a series of old ladies who "have change of life" and who think a view of the tongue should give sufficient information on which to base a treatment—they having already given the diagnosis—will hail with delight the points here elucidated. Regarding the affections of infancy, the reviewer admits that Dr. Burrage has opened his eyes to many points, though he cannot but feel that some of the suggestions are more adapted to hospital than to private practice. But these are small matters that in no way detract from the merits of a book that should be consulted by every man in general practice.

DISLOCATIONS AND JOINT-FRACTURES. By Frederic Jay Cotton A.M., M.D., First Assistant Surgeon, Boston City Hospital. Octavo of 654 pages, 1201 original illustrations. W. B. Saunders Company, Philadelphia, 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

Some years ago the reviewer, on vacation, killed a little time by attending some lectures in a medical school that is now defunct and heard a lecturer on surgery begin his course on dislocations and fractures in these impressive words: "Many an obstetrician's mistake a woman's skirts cover, many a surgeon's mistake six feet of earth cover, but the faulty setting of

a fractured or dislocated limb brings results that stalk abroad like Banquo's ghost and haunt you." This being eminently true, no physician, even if he have no liking for surgery, can afford to remain ignorant on the subject of fractures and dislocations and to those who need rubbing up we would say: "Read Cotton". Not only is the text of the book excellent, the author discussing the various features of his subject in a manner that betokens the master, but—wonderful to relate—the illustrations really illustrate. Indeed they may be said to be part of the text. Some are from photographs but the majority are drawings that give wonderfully clear representations of the author's ideas. The book is a masterpiece.

GENERAL SURGERY—VOLUME II. Practical Medicine Series, 1910. The Year Book Co., Publishers, Chicago. Price $1.50.

This compact little volume of six hundred and fifteen pages covers all the year's advances in this important branch, and no one aspiring to keep in intimate touch with his art can afford to be without it. The subject of anesthesia as it is viewed today, to which thirty pages are devoted, is alone worth the price. The subjects of wound healing, operative technique and then abdominal surgery and brain surgery are fully treated, but particular attention must be called to the section on hernia, which is beautifully illustrated and thoughtfully written.

S. Myers.

PRESCRIPTION WRITING AND FORMULARY. By John M. Swan M.D., associate Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. W. B. Saunders Co., Philadelphia.

This little volume contains 1,043 prescriptions covering every phase of human ills from acne to yellow fever. It is a complete antidote to the report of Abraham Flexner on the condition of medical education in the United States and Canada, and any graduate anywhere possessing this invaluable formulary can give prescriptions for anything. We were overjoyed to find on page 65, four prescriptions for acute anterior polio-myelitis and our souls, somewhat weighted down by a fear that this dreaded disease might become as epidemic in the Mississippi newspapers as it has in the yellow journals of the North and East, are greatly relieved since acquiring the four prescriptions. As Dr. Watson observed of Sherlock Holmes, Marvelous, *Marvell-Ous!*

S. Myers.

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*THE ETIOLOGY AND EARLY DIAGNOSIS OF SYPHILIS.

J. M. ACKER M.D.,

ABERDEEN.

Syphilis has been studied, in its primary and secondary lesions, and has been recognized as an infection ever since the sixteenth century. In 1881 the discovery of a special variety of cocci in syphilitic condylomata was announced. Following this, in 1885, after much study, Lustgarden announced the discovery of the bacillus of syphilis, but this proved only to be what is known as the smegma bacillus and it was left to Schaudinn, a German, in 1905, to discover the real organism and name it "Spirocheta pallida" or as it has lately been called, to distinguish it from other spirilli, Treponema pallida. This organism has been found in congenital and acquired cases both, at the place of inoculation in the case of acquired and later in the blood in all secondary cases. Syphilis is defined as a blood disease caused by the absorption of virus from the organism into the circulation, manifesting itself first generally by the appearance of a sore or chancre at the point of inoculation, and making itself known by a succession of morbid manifestations, occurring at longer or shorter intervals, which in time interest every organ and tissue in the body.

To begin with, I do not think we can ever go amiss or emphasize too forcibly to the general public and laity this sentence: all are susceptible to the contagion and it occurs at all ages. The different ways of contagion, for convenience, have been narrowed down under two great heads, namely acquired and hereditary or congenital. In a large majority of cases this form has been divided into those cases transmitted by sexual congress and those acquired by accidental infection. In surgical and midwifery practice, physicians are frequently inoculated, mouth and tonsillar sores result often from improper practices, wet nurses are sometimes infected on the nipple and it does happen frequently that relatives of a syphilitic child are accidentally infected.

*Read before the East Mississippi Four County Medical Society.

The second way of infection, hereditary transmission, and one that must never be lost sight of, is by far most common from the father, the mother being healthy. It is an every-day experience to note cases of syphilis in which the infection is clearly paternal. However, a syphilitic father may beget a healthy child. Again, in rare instances, a man may have had syphilis when young, have undergone treatment and shown no signs of the disease for years, and yet his first child, more especially, will show very characteristic lesions.

To increase the chances of foetal infection we have again under hereditary transmission the germ inheritance or maternal transmission. The infection through the mother alone has proved more fatal to offspring than the paternal heredity. A very remarkable fact about this is that a woman who has borne a syphilitic child is herself immune and cannot be infected with the disease, and in fact shows no signs of either a present or past infection.

Last and less frequent of all under congenital syphilis comes placental infection. The mother may become infected by the spirocheta after conception has taken place, in which case the child may be, though not necessarily so, born syphilitic. The chances for infection grow less and less after the seventh month.

Knowing as we do that the cause of syphilis is the "Spirocheta pallida" and that the transmission is either accidental or hereditary, and granting that we as physicians have done our duty towards laying down the rules and showing where prophylaxis can be carried out to advantage, although this may not always be the case, we now go to the early diagnosis of the disease.

We all know that the acquired form, for diagnostic purposes and treatment, is divided into three stages. We first meet it in the primary stage and this extends from the appearance of the initial sore or lesion, the point of entrance, until the onset of the constitutional symptoms, the duration on an average being six to twelve weeks. This initial sore appears within a month after inoculation and first shows itself as a small red papule which gradually enlarges and breaks down in the centre, leaving an ulcer. The tissues soon become indurated so that it ultimately has a gristly cartilaginous consistency, hence the name chancre. The size is variable and when small may be overlooked, particularly if it is just within the urethra. The glands in the lymph district enlarge and the chancre enlarges and becomes hard. Suppuration, both in the initial lesion and the gland, may occur as a secondary change, the gen-

eral health and condition of the patient at this time being good. The correct recognition and determination at this stage as to syphilitic or non-syphilitic nature of the appearing lesion, whether it be genital or extra-genital, can never be dealt with too closely and is one of the most difficult problems that fall to the lot of the practitioner. Should his verdict, for or against, be wrong it may perchance deleteriously influence or even mar a whole life's subsequent career. The gravest social and domestic issues often hang and turn upon his decision. The question for guidance as to delaying, breaking off, or safely embarking upon an approaching marriage; the necessity for prolonged abstinence from marital intercourse or its immediate resumption without the possible contingencies of propagating infection or procreating diseased children, to say nothing as regards the future health of the patient, may all be at stake one way or the other. In a great number of cases diagnosis immediately is impossible, but the helpful and deciding assistance of time, together with further opportunities of watching the patient, will in due time work for the best. Now that such progress has been made in the serum diagnosis, we of the late school should lose no time in arriving at a correct and scientific diagnosis. There are a number of serum tests, but I belive that I am correct when I say that none have replaced or even equalled in proficiency the original Wasserman method. Again we are aided and have less chance for hesitation in arriving at a definite conclusion by the actual staining and finding of the spirocheta taken from the lesions. And here I think it not amiss to mention a late and easy way of demonstrating the organism by the India ink method. In this case, on the dark-stained field, the microscope will show a non-stained white spirocheta or treponema pallida.

If not so fortunate and we do not see the case in the primary stage, we have constitutional symptoms of the secondary stage to fall back on. These usually manifest themselves within three months after the appearance of the primary sore. We may find fever of the mild continuous type, or it may be with marked remissions. There have been cases with an intermittent form often mistaken for malaria. Anemia often accompanies these cases and a marked muddy pallor of the face is noted, with a light yellow tinging of the conjunctivae.

Next in importance we find the cutaneous lesions. The earliest and most common is a macular syphilide or syphilitic roseola that occurs on the trunk and on the front of the arms. The face is often exempt although not always. These spots, which are reddish brown and symmetrically arranged, persist

for a week or so. Sometimes we meet with the papular, other times a pustular and lastly even a squamous rash occurs.

With the fever and the roseola rash, the throat and mouth become sore. The tonsils are swollen and often present small kidney-shaped ulcers with grayish white borders. Mucous patches are seen on the inner surfaces of the cheeks and on the tongue and lips. Other lesions that must be held in mind are the arthritis and pains that occur in the limbs and joints, the iritis, the choroiditis and retinitis.

No hard and fast line can be drawn between the symptoms met with in the last or tertiary and the secondary stage just dealt with. The chief things of diagnostic purposes, here, being the gummatous growths and amyloid degenerations.

In taking up the congenital form, and here the early diagnosis would take place during infancy and childhood, with the exception of the primary sore every feature of the acquired disease is found. Of course the intra-uterine condition leading to the death of the foetus does not here concern us. At birth, when the disease exists, the child is feebly developed and wasted. A skin eruption is generally present, showing in the form of bullae about the wrists or ankles and on the hands and feet. The symptoms of snuffles often met with is very suggestive of syphilis. The lips are ulcerated and the angles of the mouth are fissured. There are enlargement of the spleen and liver. Dr. Thos. Rotch, professor of pediatrics at Harvard, considers that by far the most important lesions in hereditary syphilis are the bone lesions, and of these lesions he names as most common an acute epiphysitis and its accompanying periostitis, leading later to the separation of the epiphysis and to a pseudo-paralysis, resembling fracture.

The cutaneous lesions arise with or shortly after the onset of snuffles. The eruption is first noticed about the nates. There may be an erythema of an edematous condition but more commonly there are irregular reddish brown patches with well-defined edges.

Children with congenital syphilis rarely thrive. Generally they present a wizened, wasted appearance and an aged face. In cases where there is recovery the general nutrition may remain good and the child show no further manifestations of the disease. Usually, however, about second dentition or at the age of puberty all the symptoms reappear. The child does not develop like other children, growth is slow, development is retarded and there is always a peculiar facial and cranial appearance. A young man of nineteen or twenty may not be any more developed than a child of ten or twelve. The forehead is

prominent and especial stress should be laid on the frontal eminences which are always bulging, making the skull asymmetrical. The teeth are peculiar, being named after the one who first described them, Hutchinson.

In conclusion let us consider what is the proper course to pursue in cases of suspected syphilis, whether it be acquired or congenital. It is precisely the same whether it be for or against. We must use and believe our own eyes, weigh and judge the case on its own individual merits, unbiased by any statement of the patient, and finally not resort to anti-syphilitic treatment until quite certain that it is or is not syphilis. For if it be not such, it would clear up without medicinal aid; but being syphilis, the exhibition of these drugs would only more deeply mask an already dubious condition and leave all doubt intensified and unsolved. And finally when quite sure that the patient has syphilis, no matter how slight it may be, impress upon him its ultimate dangers and the necessity for a prolonged treatment. In fact treat him or her as carefully and thoroughly, even in the absence of consecutive symptoms, as though the case were a "sharp attack", and though you can never possibly know your reward, you may perchance by your act have saved your patient from tabes, or have made the world the richer by one lunatic the less.

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*THE COUNTY SOCIETY.

W. LOCKE M.D.,

CARRIERE.

Nothing is more true than the old maxim which says: "In union there is strength", unless it is in that other self-evident truth which says "United we stand; divided we fall". The history of nineteenth and twentieth century progress shows clearly that every great institution, business and industry is the direct result of co-operation with its kind and kindred. Co-operation comes with advanced civilization. Builders of nations and founders of great empires have demonstrated the necessity of working in harmony for mutual benefit. Founders of business enterprises and capital investors in their financial maneuvers have demonstrated to the world what can be accomplished by uniting in a common cause.

Not only has this been done in these phases of the country's development, but labor has learned the necessity of a just and

*Read before the Pearl River County Medical Society.

legitimate organization. What labor unions have done in the various fields of labor the professions' organizations may legitimately do for the professions. Viewing the professions, I realize the importance of each holding and maintaining an organization for its legitimate protection and advancement. It is necessary for the clergy, that they may better understand, protect and aid each other. It is necessary for the lawyers, for they handle in some way practically all the business that is done. They come in contact with all the progressive, business, industrial, social and moral movements of the country, to say nothing of their coming into direct contact, practically, with all of the bad people of the country, so it is very necessary that they should protect themselves. It is sufficient to say that they are going to have it if any profession does.

The greatest necessity is the organization of the physicians, those who practice medicine and surgery. It is the physicians who, as it were, hold the very life and health of their fellows in their hands.

Given the conditions under which we labor, the county should be the unit. Of course in cities or in counties where the population is much more dense, smaller territory might, at once, be adopted as a unit. But with us, the county is none too large and none too small.

The purpose of the society is plain. As I have already intimated, if there is any profession where the membership should keep within shoulder-touch one with the other, and where brotherly love should exist, it is that of those who practice medicine. Our county society does this. We have brought this organization every reputable physician in the county.

It is a notorious fact, but a lamentable one, that in years gone by the practice of medicine was looked upon as a jealous profession. Doctors were jealous of each other's skill and popularity, and generally viewed each other and each other's actions with a jealous eye. I am glad to say that for some years that spirit has been on the decline. With the coming of the society which fosters that kindred relationship should exist, we have the passing of these petty follies, and harmony in the profession as a result.

Not only that, it is with the county society as with every other institution. We get out of it in proportion to what we put into it. Every physician in the county who takes an active and working interest in the society becomes more proficient in his subjects and more efficient in his skill by doing so. As we express it "It makes one a better doctor".

Here we have the benefit of each other's experience in treat-

ing cases under question. We thus gain knowledge from a brother's failures as well as from an observation of cases where he succeeds. With this interchange of ideas we are very much benefited.

While our county society is yet in its infancy, we have to a great extent succeeded in protecting ourselves against the "parasite" who has been in the habit of securing the professional services of some liberal-minded physician as long as he could, or until his doctor demanded that he pay his bill, and who would then go about over the country decrying the services and slandering the good name of the doctor who had treated this "parasite" and family, all because the doctor demanded pay for his services.

This "parasite" took pleasure in going to Dr. B and telling him how inferior the services of Dr. A had proven to be. Dr. B, being human and a little jealous of Dr. A's skill and popularity, was glad to hear the news. He was a fit subject to be duped. He would do the "parasite's" practice for a year or longer until he thought it time to have a pay-day. The "parasite" would then make for Dr. C, telling him how inferior he had found the services of Dr. B. Dr. C was of course glad to hear it, and was in turn duped as were A and B. So the "parasite" would go on and on down the alphabet, never paying a doctor's bill and damaging another reputation each year. But our adopted rate-list has practically eliminated this dead-beat and at the same time has put us in a better position to recognize charity. Having our "bad-pay" list we can better determine or distinguish those who are not able to pay from those who will not pay, and thus bestow charity where it should be.

Our uniform fee-bill which we as a body considered as a reasonable and just compensation for our services, is not as high as that fixed by associations in other, or some other, counties, but what in our mind was just and what we thought our patients reasonably able to pay. At any rate, the rate is uniform and the parasite or growler can't go to one physician and say Dr. A said that he would give his services in this case for less money than you ask, or Dr. B did similar work or service for Neighbor Jones for a less price. We have this kind of business headed off and it is the work of the county society.

Of course, if there is a physician who wishes to give his services for a lower price than we have listed, I know of no way that we can stop him. He indirectly says one of two things. He says that medical science has been over-rated and the practice of medicine is not as important as the physicians

would have you believe and is not worth the money they ask, and he will do it for less, or he says "I am a doctor. I am not so good a doctor as the others, so I will be fair and sell my services for less money. I will not ask the price of the other doctors because I know I am not their equal."

We are informed that one such physician did invade our county. He came suddenly as a ghost of Banquo, but frightened nobody. His purpose was to bust the "Doctors' Combine". He made it his business to discuss the "Doctors' Combine" in the attentive ear of the rabble, leaving out all of the features save the uniform fee bill. The honest populace listened and wondered. They thought, "Well, I see all the doctors of any note have gone into the combination. I have always dealt fairly by them. This is a new man who proposes to put them on the run. I'll wait and see". Straightway went the laity to their homes and called their old reliable physician to minister to their sick.

After this doctor drove, whipped and slashed for a few weeks to get himself before the people and expose this "Combine", lo! one morning the "doc" failed to drive. He must have dreamed and seen the hand-writing on the wall. He disappeared between the suns altogether as mysteriously as he came. He didn't bust the "Combine" and it is a questionable fact if he ever rolled a pill while on his Quixotic mission.

We are, as I have stated, in our infancy as a county society. There are many things that we might do that will suggest themselves from time to time. Local conditions will have much to do with us as a society. But there is one other matter worthy of mention ere I conclude. We must have the interest of our profession guarded in the state legislature. We should have a law enacted penalizing the pernicious and indiscriminate practice of midwifery. The only way to stop this practice among the ignorant is to place a heavy penalty on illegitimate practitioners. Let the law be so framed as to require anyone wishing to practice obstetrics to stand the same examination on this subject as the physician is required to stand. With the passing of such a law we will have the passing of the "Granny". The "Granny" does not know that there is such a word as "asepsis", she no doubt to-day carries filth beneath her finger nails that has been there for years. I do not know just how we will proceed to have this legislation done, but it must be done. And, as I have said, with the passing of such a law we will have the passing of the "Granny".

*GONORRHOEA IN THE MALE.

T. G. HUGHES M.D..

CLARKSDALE.

When called upon to write a paper for this meeting, I was somewhat at a loss as to what subject I knew, or thought I knew, the most about. After pondering for some time, it suddenly dawned upon me that of all the diseases to which man is heir, either by a natural or unnatural inheritance, gonorrhoea holds the list. Being reminded of this fact, I decided either to write or "jack" a paper on this subject. This is the most frequent disease of the male genito-urinary tract and respects neither race, color nor previous condition of servitude, but attacks alike all of those who have knelt at the shrine of some infected Venus. Of course there are innocent methods of contracting this disease, but these cases are few and far between.

Gonorrhoea is also the most dangerous of all venereal diseases, for through the medium of its sequelae and complications it causes more deaths than does syphilis. Many a man, crippled at middle age and ever after affected with numerous bodily ailments, owes his condition to an old-time gonorrhoea.

We doctors are, in a measure, responsible both for the spread of this disease and for some of its complications and sequelae. This is not due, however, so much to a lack of knowledge regarding the source of the disease as it is to a matter of indifference as regards treatment. We hate to treat "clap" and, so to speak, "lay down on it". We generally prescribe some injection with the instruction that it is to be used so many times a day. We may instruct as to the method of using the syringe and then again we may not. Perhaps we give no instructions whatever regarding diet and habits. This is the last we hear of the patient. He continues in his old habits, the malady becomes chronic perhaps and affects the posterior urethra and prostate and our erstwhile patient is in for a siege, We get the blame. Some times it is just and then again it is not. Gentlemen, I am speaking from experience, for I have been there myself. I have quit this slip-shod method of treatment now, however, and if impossible to get patients to report to my office every day for treatment, demand that they report at least once a week, so I can meet and treat any complications that may arise. I am now getting results from treatment, whereas, heretofore, I did not.

I shall not enter at all into a discussion of the symptoms

* Read before the Clarksdale and Six Counties Medical Society.

and diagnosis of this disease, for they are too well known to be rehearsed by me, but shall pass on to the method of treatment that I now use. In beginning treatment, I try to impress the patient with the fact that he must restrict his diet as well as mend his ways. In other words, quit whisky and women. This is one of the hardest things to get a patient to do and for that reason this is the most unsatisfactory disease we have to treat.

Now as to treatment proper of this trouble. Rely solely upon symptoms as to the use of internal remedies. I have treated numbers of cases where it has not been necessary to give a thing internally. Instruct patients to drink plenty of water, for it is the first diuretic we have. If there be pain or scalding on urination, I generally give some alkaline mixture. I find that the following, as recommended by Taylor, gives me the best results:

℞

Potassii bicarbonatis - - - ℥ss
Tincturae hyoscyami - - - ♏ij
Aquae - - - - - - ℥iv
M. Sig: Half an ounce in one-half glass of water every three hours.

Another painful complication, and one that demands treatment, is chordee, very seldom present in a case that has been treated by irrigations from the beginning, but a constant complication of untreated cases and those treated by internal medication only. Should this complication arise, use a suppository of belladonna and opium on retiring and again during the night if awakened by chordee.

When the acute stage subsides and the disease becomes subacute, I generally prescribe five minim pearls of santal oil every four hours. Another remedy that has served me well is the old reliable balsam of copaiba, when the stomach will tolerate this drug, either alone or as to the Lafayette mixture:

℞

Balsam copaibae - - - - ♏i
Liquor potassii hydrox - - ♏ij
Extract glycyrrhizae - - - ℥ss
Spirit aetheris nitrosi - - - ℥ss
Syrup acaciae - - - - - ♏vj
Ol. gaultheriae - - - qtts. xvj
M. Sig: One dram four times a day.

I get better results from its use than I do from any other drug.

Now as to injections and method of using. I have never had any success in trying to abort a case of gonorrhoea, but

have, as a rule, made the attack more severe. Numerous methods are in vogue, but none have ever given satisfaction. Perhaps one reason for this is that the cases were of too long standing. Some cases can, however, according to authorities, be aborted. I noticed in *Therapeutic Gazette* for November an article on this subject written by Dr. Bellenger of Atlanta. The method he uses is the following and on the face of it looks rational and practical. He seals twenty minims of a five to eight per cent. solution of argyrol in the urethra, using collodian and cotton to seal the meatus, and leaves it sealed until the patient has to urinate. He uses this treatment twice a day for three days and then once a day for several days, according to symptoms, and claims to have aborted numbers of cases by this method. When a patient first presents himself for treatment I begin by using intravesical irrigations of a one to five thousand solution of potassium permanganate, followed by an injection, with hand syringe, of four drams of a one-half per cent. solution of protargol. The latter is to be retained in the urethra for from five to fifteen minutes. Use this treatment twice a day for a week and then once a day until cured. Give patient a one-half per cent. solution of partargol with instructions to use three or four times a day with hand syringe. Use an ordinary fountain syringe for three irrigations, forcing the solution into the bladder by means of hydrostatic pressure. Continue this treatment for several weeks, alternating the strength of the permanganate from time to time and also increasing the strength of the protargol solution to two per cent. By this method the discharge soon ceases or becomes thin and watery. Later on, when the pus is free from gonococci and is thin and watery, use an injection of two per cent. protargol twice a day at first and later on once a day and finally not at all, substituting in its place an astringent solution such as the following:

℞

Zinc sulphat. - - - -	gr. xvj
Pulv. alum - - - -	gr. xij
Acidi carb. - - - -	gr. iv
Aquae - - - - - -	℥vj

M. Sig: Inject four drams.

By the above method I am usually able to cure the anterior urethritis in from five to seven weeks—cure so it will stay cured. Other cases take longer. When the patient is unable to come to my office I have him carry out the above treatment at home, but as a rule do not get the same results that I do when I use the treatment at my office. Should the posterior urethra

be affected I use intra-vesical irrigation of permanganate just as I do in anterior urethritis and also use protargol solution in some strength. After irrigating I inject into the posterior urethra, by means of a Keyes-Ultzman syringe, a solution of protargol and then fill the anterior urethra with the same solution by means of a hand syringe. I hold this solution in the urethra for ten minutes. Should the prostate become involved, massage this gland as soon as acute symptoms have passed. I do not mean to say that all cases of gonorrhoea so treated are cured, for they are not. Many become chronic and it takes all the skill one can muster to make an even break in these cases.

Now as to the curability of this disease. At one extreme we have the enthusiast who can positively cure his patient in from three to four days, while at the other extreme we have those who claim that it can never be cured. Of course we are well aware that it is impossible to cure gonorrhoea in three or four days. We are equally aware of the fact that gonorrhoea is a curable disease. Now, the question that has always troubled me is this: when is a patient cured of a gonorrhoea? We generally consider a man cured when we can no longer find gonococci present in the discharge or shreds in the urine, but at times we have a relapse of these thought-cured cases. Dr. Hubner of New York says we can only consider a man cured when there is, after repeated examinations, no discharge from the meatus of a patient who has refrained from urination for twelve hours. After several examinations, with no discharge being present, he considers him cured, cured to stay cured and with no relapse. These, he says, come from an uncured gonorrhoea.

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*ERGOT.

F. E. LEE M.D.,

ABERDEEN.

As with all natural drugs, so with ergot. It is a gift of domestic medicine and was first mentioned by Adam Lonicer of Frankfort, Germany, who in 1565 ascribed to it obstetric virtues, on the authority of women who considered it of remarkable and certain efficacy. The English botanist, Ray, in 1693 alludes to its medicinal properties; a Dutch physician, Rathlaw, employed it in 1747; Desgranger of Lyons praised it in 1777. To Dr. John Strauss of Waterford, New York, belongs the honor of pushing the remedy into prominence in the United States, he

* Read before the East Mississippi Four County Medical Society.

having commended it in a paper published in 1807, under the name of "Pulvis Parturiens" and contributed to the Medical Repository of New York.

So much for the history of the drug. We now come to the most important part of the subject, the therapeutic use. As is well known, ergot, when taken into the human system, shows a dual action, one being physiological, and the other pathological, representing the toxic effect of the drug. While ergot has a wide range of usefulness, its every therapeutic action is to be explained by its influence upon a single type of tissue, namely unstriped muscular fibres, therefore its effects and usefulness are limited to the muscular coats of the arteries, veins, lymphatics, but not the heart, the muscular fibres of the skin and mucous membranes, the trachea, bronchi, alimentary tract, below the middle third of the aesophagus, including the gall bladder and common duct, the pelvis of the kidney, the ureters, bladder and urethra, the generative organs of both male and female, the iris, Wharton's duct, and the capsule and trabeculae of the spleen. The therapeutic results derived from the action of ergot upon the circulation are brought about either directly by contracting the vessels as in the relief of hemorrhage, checking mucous fluxes or undue glandular activity, or indirectly by increasing blood-pressure, as in the relief of shock and heat exhaustion, or by overcoming the pressure upon extra-vascular tissue, as in the relief of congestive migraine and dysmenorrhea. In cerebral apoplexy from vascular rupture, no single remedy is as valuable as ergot, as it contracts the torn vessels and controls the hemorrhage. Shock is another indication for the prompt use of ergot, as in shock you have the picture of vasomotor paresis, while the paretic condition of the sphincters, and unstriped muscular tissue, as indicated by the involuntary escape of urine and feces, tell the need of something to overcome the condition. In such case raise the blood pressure, increasing the tonicity of the unstriped muscles, which indications are met by the use of full doses of ergot. In striking contrast to the condition of collapse and shock calling for ergot, is the condition calling for heart stimulants. In this condition the heart is relatively weak in relation to the work to be performed, or the heart is struggling to maintain the normal circulation, or a normal heart is being overtaxed with greatly increased blood pressure or some other impediment to the circulation. In such cases, strychnine, digitalis, caffeine, alcohol, or glonoin as indicated are be employed. A full dose of ergot given hypodermically just before taking an anesthetic, lessens the amount of surgical shock in operation, modifies the un-

pleasant after-effects of the anesthetic and fortifies the circution so as to reduce to a minimum the dangers of anesthesia narcosis, mitigates the feeling of nausea, controls the retching and by preserving the tonicity of the vascular walls with ergot we prevent congestion, and if there be no congestion there can be no inflammation, therefore ergot has a preventive action against post-operative inflammation. You also have less trouble in securing a free action from the bowels, as ergot stimulates peristalsis.

Exposure to excessive heat produces two distinct pathological conditions designated as heat stroke or thermic fever and heat exhaustion. In heat stroke we have an excessively high temperature, 110° to 115° F., which calls for antipyretic measures, while cases of heat exhaustion show a sub-normal temperature, cold, clammy perspiration and all the symptoms that go to make up a picture of profound shock and vaso-motor paresis. In those cases ergot is indicated. The indications above given are to be seen in the algid stage of cholera, in cholera infantum with collapse, in cholera-morbus threatening dissolution, in congestive chills, in typhoid fever, ending in crisis. In those cases it is the condition of the circulation alone that threatens the immediate termination of life in the patient.

In pathological increase of the secretions of the glandular organs when the capillaries are in a state of paretic relaxation, ergot, by controlling the circulation, limits the secretions and relieves the condition. Ergot is also indicated in delirium tremens with capillary relaxation. Other conditions well met by the intelligent use of ergot are drooling of teething infants, profuse lachrymation, bronchorrhoea, chronic diarrhoea of fright, polyuria, menorrhagia, excessive secretion of milk, acute coryza, acne, meningitis, rheumatism, aneurism, chronic laryngitis with relaxation of the mucous membrane, in continuance of urine, prolapse of rectum and other conditions where there is unstriped muscular tissue affected. As to the preparation for use, in my own experience, I have used a formula as follows: Squibb's solid extract of ergot, one dram; chloroform, two drops; distilled water, one ounce. This I use hypodermatically, using from twenty drops to one dram at injection, as indicated by the condition of the patient. Another good preparation is Lloyd's ergot, which can also be used hypodermatically.

All physicians need a holiday occasionally. Take a day off and go to the State Fair at Jackson. It's worth the trip.

MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The great furore occurring in the newspapers owing to the filtering from medical literature of references to Ehrlich's discovery of "606", as he for short calls dimethyl-di-ox-arseno-bensol-di-chor-hydrat, resembles that which occurred when Koch made his announcement in Berlin that he had discovered in tuberculin a specific for the white plague. Once more doctors are hurrying to Berlin and once more we may feel sure that disappointment will fall to many because of unsuitable cases being presented for treatment. Briefly Ehrlich began at the point where arsenic preparations were fatal to the protozoa and the host as well. His experiments have been made constantly in the hope of producing a compound which would destroy the parasite and leave the host alive. The number of these experimental compounds is indicated by the number of the successful one, 606. One injection is all that is given, and in ten to fourteen days all the symptoms of syphilis disappear, the Wasserman and Noguchi reactions becoming negative in well-marked cases that were positive before. The reported cases, and Ehrlich has been exceedingly cautious in giving the remedy only to high-class men, are truly marvelous in the rapidity of the apparent cure. To those who have been treating syphilis for years this will be a great boon. But how about the patient? Will he stay cured? In dealing with syphilis we know that even "to the third and fourth generations" it will show itself. Can we pass judgment because of an apparent cure in fourteen days? The attitude we should adopt is one of hopefulness, using the remedy when the diagnosis is sure, but keeping the patient under observation as before. We may devoutly hope that a cure for this scourge has been found, and at the same time regret that one of the greatest barriers to clean and moral living will have been swept away, when consorting with prostitutes will be as free from danger as "606" may make it.

S. Myers.

Society Proceedings.

East Mississippi Four Counties Medical Society met at Okolona Oct 13th. at 2 P. M. On motion of Dr. G. S. Bryan, Dr. W. S. Leathers was elected to honorary membership. Dr. Underwood presented a case: a man, forty-five years of age, with a superficial epithelioma of three years standing on the nape of the neck. Dr. Bryan addressed the society on the duties of the family doctor in regard to house sanitation and health conditions. This was discussed by Drs. Gurney, Underwood, Leathers, Boyd and Rogers. The society enjoyed a paper by Dr. Goyer on the value of early diagnosis in cancer, which was discussed by Drs. Bryan and Gurney. The society entertained Dr. W. S. Bates of Missouri, who gave a talk on hygiene.

Dr. Boyd of Aberdeen, only very recently removed from Houston, Chickasaw County, introduced the following resolutions in behalf of Chickasaw County:

Whereas, fearing that there may be an impression among the physicians of the other three counties composing our society that there is not perfect harmony between the physicians of the two county sites or court districts; therefore be it

Resolved, that such a condition of affairs does not exist and the only ground for such a contention is the friendly contention over which city shall be the meeting place, and that it is agreed among the physicians of Chickasaw County that the meeting place for Chickasaw shall alternate between Okolona and Houston.

This was not acted upon but was carried over to next meeting. The chairman appointed Drs. Donaldson, Brand and Underwood as a committee to draft resolutions of respect to our brother Dr. G. P. Hamilton of Aberdeen. The Okolona physicians entertained the visiting physicians royally. Such thoughtfulness will not soon be forgotten. At 5 P. M. the society adjourned to meet in Aberdeen on the second Tuesday in October at 2 P. M. at the Elk's Home.

F. J. Underwood.

Harrison County Medical Society met in regular session October 11th., in Gulfport. Those present were West, Folkes, Parker, Mohler, Rehfeldt, Hood, Carroll, Sheely and Morris. There being no papers, discussion of interesting cases occupied the time. Dr. Carroll of Biloxi reported an interesting case of Caesarean section. The report in this case called forth discussion on difficult delivery, indications for craniotomy, Caesarean

section, etc. Dr. Folkes made a motion that the Harrison County Medical Association go on record as desiring the amendment to the present medical practice act that none but regular graduates of medicine be allowed to apply for examination for license before the State Board, and that a committee be appointed to secure the assistance of our representatives, senators, etc. It was moved that the secretary send notice of this motion to the state medical journal and to all of the various county societies asking their aid. The motion prevailed. Those appointed upon this committee were: Drs. Folkes, Rehfeldt, Hood, Rowan and Parker. Dr. Folkes made a preliminary report as a member of the committee to "investigate the source of dissemination of typhoid fever along the coast". His report stated that he was getting data from a number of physicians but several from whom he was anxious to hear had, as yet, failed to answer his letters. He asked that all answer as soon as possible so that he might complete his report.

G. F. Carroll.

Holmes County Medical Society met in the secretary's office in Lexington on Tuesday and Wednesday, October 11th. and 12th. with President W. S. Derrick presiding and the following members and visitors present: M. L. Pollard, G. C. Phillips, E. C. Lucas, M. H. Roberts, S. D. Austin, A. M. Doty, R. H. Baker, T. W. Foster, W. C. Smith, J. H. Watson, J. R. Tackett of Meridian, J. W. Jordan, D.D.S., and S. A. Eggleston. Report of clinical cases being called, Dr. Doty reported a case of false drum membrane, describing his treatment of same and presenting patient to the society. Dr. Austin reported a case of sudden death in a negro girl convalescing from an attack of continued fever. Dr. Watson reported a case of illness and death in a white boy following a fall, producing an injury to the hip and followed by symptoms resembling pellagra. The society then went into the work of adopting a new fee-bill, or rather revising the old one, and it is expected that all members of the society will follow out the one as adopted at this meeting. The secretary was instructed to have same struck off and a copy furnished to each member. This will be done as soon as possible. At the session on Wednesday, Dr. Foster and others discussed briefly the diagnosis of syphilis. Also at this meeting Dr. Tackett of Meridian was present and his remarks on the treatment of pneumonia and pellagra were very instructive and thoroughly enjoyed by those fortunate to be present. The society adjourned to meet January 10th. and 11th. 1911.

S. A. Eggleston.

Tri-County (Pike-Lincoln-Copiah) Medical Society met at the city hall, Brookhaven, at 2 P. M., Oct. 11th., Dr. Thos. Purser presiding and the following members present: Arrington, Butler, Catching, Frizell, Flowers, Higdon, Jones, Johnson, Little, Martin, Magee, Purser, Tyler. Dr. Magee opened the program with a paper on puerperal eclampsia, which was well prepared and well received. Dr. Flowers then spoke on medical supervision of schools, giving details of the plans followed in the schools of Brookhaven, of which he is the inspector. Dr. Arrington presented a short paper on anaesthetics, illustrating the technique of some modern methods. All these papers were discussed generally. The applications of Drs. J. M. Smith, Z Causey, N. R. Cruise and S. P. Klotz were ballotted upon and they were received into the society. The following committee on arrangements for the annual banquet in December was appointed: Flowers, Higdon and Jones. Light refreshments were served, after which adjournment was had. Next meeting December 13th., at Brookhaven.

D. W. Jones.

Southern Medical Association.

Office of the Councilor,
Brookhaven, Miss., Oct. 22nd. 1910.

To the Doctors of Mississippi:

Please allow me to remind you that the Southern Medical Association will hold its regular meeting at Nashville, November 8th. to 10th.

This Association holds a place which every doctor ought to recognize and appreciate, a position between the local and state association and the national association. Many doctors feel the need of an association large enough to specialize yet not so large that an average man must feel lost in it. The Southern Medical Association fills that need. It is big enough for the biggest of us and yet not so big that the smallest of us need feel out of place in its meetings. Subjects more or less peculiar to our section are discussed by men we all know or ought to know. The meetings are therefore particularly interesting to us, and we ought to feel under some obligations to encourage and sustain such an organization.

Let as many of us who can do so attend this meeting and let every one interested try to interest his immediate confreres,

inviting them to join the Association if not already members. I should be glad to file application for membership for any who may wish me to do so. Just enclose your check for two dollars, payable to the Southern Medical Association, which will pay your dues for one year, including a year's subscription to the *Journal S. M. A.*, one of the best medical journals in the country. Applications may be sent direct to the secretary at Shreveport, or at Nashville for this meeting.

Let Mississippi do her part in keeping up the Southern Medical Association.

D. W. Jones,
Councilor for Mississippi.

Letter to the Editor.

Florence, Miss., Oct. 3rd. 1910.

Editor Medical Monthly,
Vicksburg, Miss.

Dear Sir:—

I read with interest the report of Dr. Robert E. Jones of a case of pellagra in a child two years and two months of age. During the last two months it has been my privilege to visit several times, in company with the attending physician, a family in which there are three well-developed cases of pellagra, the mother, a child six years of age and a babe fourteen months old. Two years ago the mother suffered for a time with what was designated an aggravated attack of eczema, which seemed to yield to local and constitutional treatment. Last March she developed a typical case of pellagra. Soon after the child of six developed the disease, and three months ago (June last) the infant, eleven months old, developed a rather more typical case than the child. In the early development of symptoms, we were confirmed in our diagnosis by several prominent physicians of Jackson and elsewhere, each of whom unhesitatingly pronounced it pellagra. The mother's symptoms soon became alarming, her arms, hands, mouth, vulva and rectum becoming involved. She was given arsenic (Fowler's solution) until physiological effect was produced, in fact toxic symptoms developed, when antidote was administered and symptoms of arsenical poison promptly subsided. Quinine by inunction was employed and as an experiment protonuclein was given, also injections of serum. To our gratification and surprise she has improved

greatly, the eruption being almost imperceptible and her general health decidedly better.

Might not this house contain a moth or insect whose bite has produced the disease? The husband and sister have shown no symptoms of the contagion.

Yours truly,

E. K. WHITE.

Personal.

Dr. R. M. Boyd, president of the East Mississippi Four County Medical Society, one of the strongest medical organizations of the state, has moved from Houston to Aberdeen.

Book Reviews.

SYMPTOMATIC AND REGIONAL THERAPEUTICS. By G. H. Hoxie A.M., M.D., Professor of Internal Medicine in the University of Kansas, etc., with fifty-eight illustrations in text. D. Appleton & Co., New York. Price $4.00.

The reviwer has seen nothing as yet on just exactly the lines of this book and the first thought, one of surprise that this should be the case, is quickly followed by a feeling of relief that the vacancy has been filled. The publishers' announcement, intended to be complimentary, that it "follows the lines recommended by the committee in charge of the Carnegie Foundation", rather sticks to the craw of one who does not believe that Mr. Carnegie is the source of all medical knowledge, but we beg to assure our readers that this is not the author's statement and that the book is an excellent exposition of its subject—symptomatic and regional therapeutics.

PRACTICAL MEDICINE SERIES 1910. OBSTETRICS, edited by J. B. DeLee A.M., M.D. Price $1.25. GENERAL MEDICINE, edited by Frank Billings M.S., M.D. Price $1.50. The Year Book Publishers, 40 Dearborn St., Chicago.

These little volumes, which are issued in a series of ten, coming out at approximately monthly intervals and selling for the extremely reasonable price of ten dollars, offer the best and most convenient resumes of current literature that the reviewer has yet seen. The two under consideration cover the work done in the past twelve months in their respective fields completely, the abstracts are well made and the editorial comments to the point.

MISSISSIPPI MEDICAL MONTHLY

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*PNEUMONIA.

CHAS. M. WATSON M.D.,

FLORENCE, ALA.

The lungs are the real organs of respiration and are two in number, known as the right and left. They and their pleurae occupy all the space in the thorax except that which is taken up by the heart and its appendages. Each lung is conical in shape, having an apex and a base. The right lung is larger and heavier than the left, weighing about two ounces more. They both together weight about forty-two ounces. The right lung is divided into three parts, apex, middle lobe and base; the left lung into two parts, the upper or apex and the lower or base. The difference in the two lungs is perhaps due to the fact that the heart occupies more space in the left of the thorax.

The average air capacity of the lungs is two hundred and eighty-two cubic inches. It is impossible to expel on forced expiration more than two hundred and twenty-five cubic inches.

The color of the lung at birth is pinkish white; in adult life a dark slate color. The substance of the lung is of a light, porous, spongy texture; it floats in water and gives a rather crackling feel and sound when handled. The lungs are composed of a serous coat, subserous areolar tissue and the pulmonary substance known also as the parenchymatous tissue. The air cells or alveolae are separated from each other by very thin septa. The capillaries penetrate the septa of the fine air-cells and have what is thought to be a double layer of capillaries in which the blood receives its oxygen. The pulmonary artery conveys the venous blood to the lung and it rather follows the bronchial tubes in their distribution through the lung and terminates in a net work of capillaries, from which arise the pulmonary veins which carry the purified blood back to the left auricle.

The average expansion in the chest of healthy subjects varies on inspiration from two to four and one-half or five inches. The ability to expand the chest on forced inspiration is very much augmented by persons who study this and fre-

* Read before the Clay-Lowndes-Oktibbeha County Medical Society.

quently practice expanding the chest. Insurance companies prefer subjects of three to three and one-half inches expansion, of ordinary weight and height.

The lungs are the seat of several interesting infectious diseases, and of these perhaps pneumonia is the most frequent. It is a well known fact that a specific germ is found which produces a specific inflammation of the lung tissue with greater or less constitutional disturbance, as chills, fever, prostration, delirium and other symptoms and which terminates in crisis. Pneumonia may be primary or secondary or may become interstitial or chronic. Statistics show that the right lung is affected in about fifty-four per cent., the left lung about thirty-eight per cent. and both lungs about eight per cent. In the right lung the lower lobe is involved in about twenty-two per cent., the middle in two percent. and the upper in twelve per cent. In the left lung the lower lobe was involved in twenty-three per cent. and the upper in about seven.

The invasion and progress of pneumonia are generally divided into three stages: congestion, red and gray hepatization, and it terminates either in resolution or death. During the stage of engorgement the air cells do not collapse; neither are they solid, since cut pieces float. The lung tissue is increased in weight and the air cells are enlarged with an exudate. The red hepatization, as the name indicates, is liver-like. The tissue being solid has no air, is firm and does not float in water. During this stage the air-cells are filled with fibrin, blood corpuscles and pus cells. In gray hepatization the color changes from the dark or liver color into a granite or grayish color and the fibrin and blood-cells or corpuscles disappear. The full development of gray hepatization marks the beginning of resolution most frequently; the exudate is now softened. Resolution may begin with the crisis or it may be prolonged. There are several unfavorable conditions which may exist, such as purulent infiltration, which may lead to abscess, sometimes gangrene, sometimes fatty induration. The heart is often affected in pneumonia and from increase of fibrin the blood tends to coagulate. Sometimes pericarditis and endocarditis occur and the organs of the body may become involved.

The mode of infection is perhaps through the air. It is generally thought to be at first a local disease. It may become epidemic in camps, barracks, tenement houses, etc., or may become epidemic in some urban or rural localities and in some epidemics it is no doubt contagious. It is a very wide-spread disease, existing in greater or less degree all over the globe. Winter, spring and autumn seasons seem more favorable for its

development and propagation. What catching cold has to do with pneumonia I do not know.

Injuries to the chest sometimes produce what we call traumatic pneumonia. Children under two years old are said to be quite susceptible to pneumonia, males more so than females. Hygiene has much to do with its spread and origin. The constant and immoderate use of alcohol tends to pneumonia. Unlike some of the other acute infectious diseases, immigrants are less susceptible to it than natives. One attack rather predisposes to another.

In regard to immunity from serum injections in pneumonia I will read you the following report on the subject: "The question of serum therapy for this important affection in man is not finally closed up and is still beset with difficulties, but that the pneumococcus engenders a virus-pneumotoxin which produces elevation of temperature, etc., has been clearly demonstrated by the Klemperer Brothers. Again, that this substance, acting upon the albuminous elements of the body, generates an antipneumotoxin which circulates in the blood and neutralizes the pneumotoxins as they are formed, inducing the crisis, has also been clearly proven. Antipneumotoxin as yet has not been isolated."

Pneumonia is generally ushered in with a well-marked chill, soon followed by high fever, the skin is first dry, the face flushed and the cheek on the affected side shows a red spot quite often. The patient shows prostration, restlessness and sometimes delirium. Following these symptoms the breathing becomes jerky, more hurried and shallow, accompanied by a sharp pain in the side affected; cough sets in early and is sometimes attended with a brick-dust or blood-stained sputum. The physical signs do not apear generally until after the first twelve to twenty-five hours, thirst is increased, herpes sometimes appears upon the lips. The temperature continues about the same day and night for a week or two and terminates by crisis. The pain is generally less severe after the first few days. Pneumonia, like other maladies, can be rather mild or severe and may have complications. The respiration in adults varies from thirty to about sixty per minute and in children from fifty to one hundred. Further than the character I have spoken of in the sputum, we have decided prune-juice color and often the sputum is so tenacious that it sticks to the vessel even when the latter is inverted. The amount of color and character varies in different cases and in different stages of the disease. In children the disease is often attended with convulsions. We have had in this vicinity recently a number of children from one to three years old with

pneumonia. The autopsies in these cases showed the characteristics of lung tissue involved and a decided congestion of the liver and distension of the gall bladder. The latter complication, I believe, is mainly the cause of the tympanitic condition which I have noticed in many of these cases during the course of the disease. In drunkards or alcoholics there is little or no cough and the average temperature range is lower. In some cases of pneumonia, after the crisis, the temperature falls below the normal. To notice the heart's action and the pulse in pneumonia is very essential; much depends upon the strength of the whole organ, especially the right ventricle. The pulse runs to about one hundred or more per minute; when it exceeds one hundred and twenty-five we consider the condition grave, as this would indicate failure of heart power.

In order to recognize the diseased chest and lungs we must have a clear knowledge of the normal chest and lungs. The methods of investigating diseases of the lungs are mainly physical. The same methods are used to examine the healthy chest and lungs.

The physical symptoms in the stage of invasion in pneumonia give little. Inspection shows the movements of the affected side to be diminished, expansion being less; palpation shows the fremitus increased; percussion reveals little; auscultation shows the sounds in the affected area to be wheezy or whistling and increased breathing sounds in the unaffected lung. During the stage of consolidation there is little expansion of the chest in the affected side, as we notice on inspection, with some increased motion on the healthy side. On palpation the voice sounds may be absent or increased over portions of the lung area. On percussion we get different degrees of dullness corresponding to the extent and degree of consolidation in the lung. Auscultation gives tubular breathing in the upper part of the lung and crepitant and subcrepitant rales are heard. During the stage of grey hepatization the exudates begin to soften and are removed by absorption and all the normal sounds and conditions heard and seen and felt on auscultation, percussion, inspection and palpation gradually return; a patient can get well of pneumonia, however, with the lung permanently impaired. Most complications in pneumonia are thought to be due to other infections.

I have spoken briefly of pneumonia in children and will add that we seldom see the sputum in these cases. Pneumonia in the old is deceptive and dangerous. Ether pneumonia is caused by the inhalation of ether into the lungs; the percentage of this form is small. Pneumonia lasts from a few days to a

few weeks and even longer, owing to the type and complications, ordinary cases lasting from one to three weeks. Diagnosis is made from both the local and physical signs in the chest and lungs and from the general systemic symptoms; these I have spoken of. The differential diagnosis of pneumonia relates to acute phthisis, meningitis, broncho-pneumonia and pleurisy with effusion. I will not enter into an exhaustive differentiation here but will speak of the more special points and facts in these conditions. In phthisis the history of the two conditions aids us, also specific germs of the two; one is acute disease with corresponding symptoms, the other more of a chronic affection. In meningitis we have the head symptoms, pain in the back of the head, the rigidity of the cervical muscles with the head drawn backward, and, if necessary, by lumbar puncture we can ascertain if we have the meningococcus. The points of difference in pneumonia and broncho-pneumonia and in pleurisy with effusion are in the main as follows: bronchitis can be distinguished from pneumonia and pleurisy with effusion by the diagnostic symptoms of the two last diseases. There can be and generally is more or less bronchitis associated with every case of pneumonia. In pleurisy with effusion we have on inspection little or no expansion over the affected pleura, bulging and enlargement. On palpation vocal fremitus is absent. On percussion we get a dull, flat, almost dead sound. Position of the patient, adhesions and the amount of fluid in the pleurae have much to do with the sound we get, both on percussion and auscultation.

The death rate of pneumonia in hospitals is about twenty-five per cent. and less in private practice. The death rate depends upon the type of the disease, the condition of the patient and his surroundings and the presence or absence of complications. A continuously high temperature, a steady rise in the pulse, active delirium, a large area of lung tissue involved in one or both lungs, all indicate the gravity of the case. Complications, such as typhoid, both lungs involved, pleurisy, bronchitis, empyema, pericarditis, endocarditis and meningitis lend their tendency to a fatal termination of pneumonia. Age is an important factor, as after the twentieth year the mortality is greater. Sex has little influence; alcoholics generally die. Grip is a serious complication in pneumonia. Late teachings show that death is due to the direct effect of the pneumotoxin on the heart and the failure of heart power from overwork. Some of the complications mentioned above, however, may terminate the case.

In the main I will leave the treatment for discussion. Pneu-

monia is a self-limited disease and many cases have recovered with little or no treatment. Fresh air, proper diet, medicines and applications as they are indicated. Comfortable bed-rooms and surroundings, cardiac stimulants, strychnia, alcohol, digitalis, ammonia, nitroglycerine, etc. Saline injections given subcutaneously to increase blood-pressure when depression threatens life, hot or cold water to the chest, counter-irritants over the diseased area. Bathing the patient in cold or tepid water is advocated. Ice caps to the head. Petresco has given one or two teaspoonsful of strong infusion of digitalis daily at the onset to abort the disease and states that he gets good results from it. Venesection is also advocated. What we will get from antipneumococcic serum remains to be seen.

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*PELLAGRA.

J. W. LIPSCOMB, B.S., M.D.

COLUMBUS.

I do not claim for this paper anything original, nor do I claim any deep scientific research, for its title is one which eight-tenths of the works on practice do not even mention and the two-tenths that do pass it by with a few casual remarks and wind up by saying "it does not occur in this country".

To our sorrow we have found out in recent years that it does occur in this country, and in my private practice I have been so fortunate, and also so unfortunate, as to have had among my clientele two cases, one of which I will present to you to-night, the other having gone to her final reward.

This paper will be more or less a recapitulation of the salient points of this disease as appearing in the medical journals for the past eighteen months, during which time it has attracted much wide-spread interest in the secular as well as professional circles of our country.

Accepting the ancient dictum that the word "doctor" means teacher I think it behooves us as medical men to give the correct pronunciation when speaking of this "new-old" disease, if you will pardon the term. I find three pronunciations now in vogue, pel-ag-ra, pel-ar-gra, and pelle-agra. The first two are authorized by professional and secular dictionaries, while the last-mentioned has no authority back of it unless you might say

*Read before the Clay-Lowndes-Oktibbeha Medical Society.

"custom of service" in the countries where the disease has been so long prevalent.

A careful digestion of the authorities at hand leads me to the conclusion that the proper pronunciation, and the one which should be used by those wishing to speak correctly, is pel-ag-ra.

This disease, as I have said before, is one which until recent years has not been indigenous to the United States or, if so, has appeared at such rare intervals, and in such few numbers, that it failed to attract the attention of the rank and file of the medical profession.

We find upon investigation that the definition is generally given as an erythema of the skin, which makes its appearance on the parts of the body most exposed to the light, especially the backs of the hands, neck and breast, with certain nervous and gastro-intestinal disturbances which will be brought out more fully later.

Pellagra was probably first recognized in Spain in 1735 when it was described by G. Casal, who termed the condition mal-de-rosa.

It appeared in Italy in 1750. In 1771 Frappoli called attention to the condition in Lombardy, where the peasants called it "pelle-aga". About 1810 Marzori called attention to the relation between maize and pellagra and in 1844 Balardini first suggested that the disease might be due to the ingestion of diseased corn, which view has been confirmed by Lombroso.

The disease seems to have been found more or less in all tropical countries and the first cases of which I can find record in the United States were reported by Gray of Utica, N. Y., and Tyler, of Somerville, Mass., both of whom reported cases in 1864, thus showing the disease to have been prevalent in our country for the past forty years.

Searcy of Alabama seems to have been the one to attract the attention of the medical world to this old disease, rejuvenated, for his contributions in 1907 were among the the first to occur.

In the different countries and localities in which the disease has occurred, and does occur, it seems to have taken on a local coloring. For instance, in some places it is spoken of as the "red-disease"; sometimes it assumes its name from the kind of people it attacks; sometimes it is called after one of its presumed causes, "sun-misery", and then again to theoretical analogies as in the instance of scorbutus, lepra and elephantiasis.

The local symptoms of pellagra prepare us for the consideration of a neurosis, in which there exists a predisposing cause, as well as an exciting cause and subsequent constitutional disorder.

The predisposing causes would of course be heredity, poverty, improper food and clothing and especially the consumption of unwholesome maize. However, the Zeistic theory of attributing the disease to the eating of corn infected with some poisonous fungus and to nothing else has received so many partial refutations that we are obliged to acknowledge that pellagra can attack persons who have never eaten maize of any description, good or bad; for there are whole provinces in Spain where pellagra is endemic, yet where no maize is raised or eaten. It has been demonstrated, however, that those suffering with pellagra were invariably made worse by a dietary of maize in any form.

The reporter for the Gulfport conference, held in Gulfport December 1909, says: "As to the etiology of pellagra, the theory of it being due to a toxin derived from musty or decomposed corn was believed in by most of those present, though some considered it possible for a parasite of some description to be the causative agent, aud urged that the physicians should begin making investigations in other lines, as well as the maize theory, which the Italians have being studying for so many years."

A clipping of May 21st. 1910 says that Prof. Girulio Alesandrini of the University of Rome claims to have found the causative factor in the form of a microbe which exists in water. The truth of this statement I cannot vouch for.

Apropos of the diseased corn theory I was, not being posted in commercial matters, dumbfounded by an article in the American Medical Association Journal of February 5th. 1910, written by a Dr. D. R. Silver of Sidney, Ohio, in which he quotes at great length a heart-to-heart letter as it were from a large grain dealer of many years' experience. This grain dealer describes in detail how the corn is forced on the market in a wet condition and how it becomes heated before it can reach its destination, how it is then run into dryers, mixed with good corn and sold to the trade at a large discount. The article further cites how the method of purchasing supplies for public institutions by the method of competitive bidding is fraught with great danger, such practice being doubtless the cause of the increase of pellagra, as asylums and institutions of that kind are heavy buyers of corn products.

The best classification of the symptoms of pellagra I found in an article by Dr. C. C. Bass of New Orleans, La. Dr. Bass makes three divisions: those of the skin and mucous membranes, those of the digestive symptoms and the results thereof and those of the nervous system.

The skin lesions begin in the spring, summer or fall, seldom if ever in the winter. It comes on as a bilateral erythema usually involving the backs of the hands or the first row of knuckles, extending sometimes several inches up the forearm and being more extensive on the radial and dorsal sides. The face and neck are the next most likely to be involved, as well as the dorsum of the feet in those going bare-foot. In the beginning it resembles sun-burn but is followed by dryness, hardening and cracking of the superficial layers, being brown in color in the white and smutty-looking in the black patients.

In addition to these lesions on the dry surfaces of the skin, there often occur in severe cases another lesion on the moist skin surfaces, under pendulous breasts, around the vulva and anus and sometimes in the axilla.

The principal symptoms under the second division are generally salivation, stomatitis and gastric indigestion of varying severity and duration. The tongue is generally normal in size with red indented edges and with some red, thickened papillae. Anorexia and vomiting occur at times while diarrhoea is one of the most frequent symptoms present, the number of stools varying from one to six or more a day. Weakness is a prominent feature, together with emaciation and anemia. The urine remains normal while the pulse rate increases as the disease progresses.

The nervous symptoms are extremely variable, most cases suffering, more or less, from melancholia, being unconcerned about their surroundings and affairs. Questions asked are answered slowly and hallucinations are not uncommon. The mind and memory are affected and in most cases insanity develops toward the end. The knee jerks are exaggerated early in the disease but are usually absent in the last stages, this being so constantly true that it becomes a valuable prognostic test, absent or decreased knee-jerk indicating irreparable damage to the cord, necessitating a grave prognosis.

The prophylaxis of any disease must depend upon its cause and I find that in those countries which have suffered most from the ravages of this disease no quarantine measures have ever been instituted, and while some few authorities seem to admit that it is infectious the majority contend that it is neither contagious nor infectious.

Regardless of the fact that some of the older and quite a few of the more recent writers prophesy a recovery of from sixty or seventy per cent. of pellagrins, I personally consider the prognosis of the disease very grave indeed and my conclusions are based on extensive reading, histories of cases fur-

nished me by brother physicians and personal observation. Furthermore I contend that the death-rate will continue high until the search-light of science divulges the hidden mysteries of this loathsome malady.

The treatment of pellagra, as far as I have been able to discover, has not changed materially in the last forty or fifty years. We pick up an old volume on the practice of medicine in which the disease happens to be listed and we read under this head: improved hygienic conditions, sound diet of mixed animal and vegetable food, tonics, bitter and ferruginous, and Fowler's solution. The more recent writers on treatment go over the same ground, simply adding removal to a colder climate and protection from the sun's rays. The only thing at all new is the transfusion treatment of Drs. Cole and Winthrop of Mobile, Ala., and it is only resorted to in extreme cases, with results fairly satisfactory, but its efficacy is doubted by a large number of able medical men.

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*VACCINATION AND VACCINE VIRUS.

J. T. LONGINO M.D.,

JONESTOWN.

Vaccination is the term formerly applied to the inoculation of a specific principle for the prevention of smallpox.

In 1796 Jenner discovered that inoculation with matter from the eruption of the disease of the cow called cowpox would protect against smallpox. Upon this theory of immunity the practice of medicine has been completely revolutionized. Later, inoculations were made for the prevention and cure of other infectious diseases such as diphtheria, tuberculosis, plague, typhoid fever, tetanus, gonorrhoea and the various septic infections. The term now applies also to inoculations of bacterial vaccines (the bacteria or their products) for the purpose of establishing immunity to their respective infections. This paper, however, will be confined to vaccination and vaccine virus only with reference to the prevention of variola.

At one time smallpox was the scourge of the world, producing one-tenth of all the deaths. In Europe over a half million people died annually. In Russia two million people succumbed from it in one year. In France thirty thousand died annually, and there, as elsewhere, in epidemic years fifty per

* Read before the Clarksdale and Six Counties Medical Society.

cent. of the mortality was due to it and epidemics recurred from five to ten years apart. It is alleged that entire towns and villages were devastated. In Mexico whole tribes of Indians were exterminated, leaving no one to tell the story of the annihilation. It is said that in the eighteenth century from eighty-five to ninety-five per cent. of the population of European countries suffered, at one time or another, from smallpox.

Vaccination has greatly reduced the morbidity and mortality of this fatal and loathsome disease.

In Sweden, between the years 1774 and 1801, before vaccination, the mortality was two thousand and forty-five per million, and between the years 1802 and 1816 the mortality, under optional vaccination, was four hundred and eighty, and between the years 1817 and 1893, under compulsory vaccination, it ranged only five to as low as two-tenths, while in Spain, where vaccination is not practiced, the mortality continued as great as in other European countries before vaccination.

With thirty-five years experience, with compulsory vaccination laws properly enforced, Germany has taught the world how to utilize Jenner's great discovery so as to exterminate epidemics of smallpox. Japan and others of the higher civilized countries, have eliminated smallpox by compulsory vaccination. It is a sad reflection on the civilization of any country to have epidemics of smallpox within its borders. Let us hope that the legislators of more of our states will become enlightened on this subject and strive to keep abreast with the advance in civilization, in this important issue, by passing compulsory vaccination laws.

The history of vaccination for the past hundred years ought to be sufficient evidence to prove to any intelligent mind that vaccination is a positive prevention of smallpox.

Owing to the prevalence of smallpox over some of our states at present. and owing to the necessity for more thorough vaccination, this subject is an important one and deserves more careful attention by the medical profession. Great achievements are being accomplished in the prevention of disease by instructing and educating the people. In this educational campaign the subject of vaccination for the prevention of smallpox certainly deserves attention. Among the laity there prevails most exaggerated apprehensions and most unreasonable skepticisms, and even in our medical profession there are a few doubting Thomases.

The opponents of vaccination often cite us to individuals who developed an attack of smallpox soon after recovery from a successful vaccination., but we know that if these same indi-

viduals had been sufficiently revaccinated, the vaccination would have taken again, and in some individuals for the second, third or fourth time. This clearly demonstrates to us the necessity, not only for successful vaccination, but for thorough vaccination.

The process of acquiring immunity in smallpox differs in different individuals, just as is shown by Wright's opsonic index, or by close observation to clinical symptoms, in the various other infectious diseases. Ehrlich's side-chain theory is just as applicable in acquiring immunity to smallpox as in other infectious diseases.

The permanency of immunity also varies in different individuals. We have observed that some individuals are immune for a lifetime from one succesful vaccination. We also observe that in others the vaccination will take several times in succession before immunity is acquired. Therefore we should apply the rule: "Vaccinate 'till it takes and then vaccinate 'till it won't take". We should instruct our patients that when vaccination won't take, smallpox won't take.

It is said that protection gradually diminishes and that immunity is lost in a period of years. It may be two or three years, six or seven years, or one or two decades, peculiar and characteristic of the individual. It is claimed that the average is seven years.

There are cases on record in which one attack of smallpox did not protect against a second attack, and since vaccinia in reality represents a benign, non-contagious, and attenuated form of smallpox, we may expect the same results in exceptionally rare instances. However, immunity acquired from vaccinia has a greater permanency than that acquired from vaccine therapy in any other disease and, as a rule, when complete immunity is once established, it lasts a lifetime.

Due to the tradition of bad sores, the loss of limb, the transmission of disease and blood poison, people are, so often, apprehensive of bad results from vaccination, and we admit that during Jenner's time, and before the age of aseptic surgery, and when humanized virus was used, such apprehensions were justifiable. But since the propagation of bovine virus under aseptic principles there is no reason why we should have bad results.

As to the technique, the site of the vaccination should first be thoroughly cleansed and disinfected. As a rule a thorough cleansing with brush, soap and sterilized water is sufficient. If antiseptics or germicides are used they often destroy the potency of the virus and the vaccination fails to take. However,

antiseptics and germicides may be used if the precaution is taken to thoroughly remove them with sterilized water. I have found it more satisfactory and convenient to carry a bottle of alcohol, a bottle of sterilized water and a package of absorbent cotton. Thoroughly cleanse the site of the vaccination with a piece of cotton saturated with alcohol and then remove the alcohol with a piece of absorbent cotton saturated with sterilized water.

The scarification may be made with a sterilized instrument or with the vaccine point, taking care not to draw blood. The best results are obtained when the scarification is just deep enough for the serum to ooze. After the application of the virus the scarification should be allowed to dry thoroughly. The sore needs no treatment except to be kept clean, unmolested and especially should scratching with dirty fingernails be prevented. In general practice the above technique is rarely followed by any bad results, but to avoid all risk and be more aseptic, the sore should be protected from all sources of infection, such as dust, dirt and the irritation of clothing. The sore should remain dry and a dry scab should form. It should be protected by a raised, perforated shield prepared for the purpose and held in place with adhesive strips. The application of aseptic gauze will protect from infection but since a dressing of this kind sticks to the sore and excludes the air it is not desirable. When the air is excluded, instead of a dry scab forming, a moist running sore is produced and does not heal readily.

Vaccine virus contains a specific principle obtained from the skin eruption of calves having a disease known as vaccinia. This specific principle is as yet unknown. The eruption begins as a papule, which later develops into a vesicle, and then into a pustule. The material for propagating the virus is taken from the vesicle when fully developed, which is in from five to eight days from the time the calf is vaccinated. The material is obtained by scraping with a curette and is called the vaccine pulp. The fluid which exudes after the pulp has been removed is called the lymph. Formerly only the lymph was used in a dry state on ivory points, constituting the so-called points. More recently it has been found that the pulp contains a more potent and concentrated virus than the lymph. Furthermore the pulp may be purified with glycerine whereas the lymph is not amenable to such treatment. The pulp is mixed with glycerine in proportion of fifty or sixty per cent. which acts as a preservative to the vaccine virus but is germicidal to bacteria. Therefore the glycerinated virus is more potent, more aseptic and more satisfactory than the lymph. The new federal regulations,

which took effect January 10th. 1910, prohibit interstate traffic in the old-style, dry points.

The glycerinated virus may be obtained in the so-called capillary glass tubes, but recently some companies have imitated the old-style, dry points by placing virus on ivory or glass points hermetically sealed in paraffin or glass. Since glass can be more thoroughly sterilized than ivory the glass is to be preferred. Vaccine virus prepared in this way is safe and satisfactory and gives a greater per cent. of successful vaccinations than any other method.

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*GENERAL AND LOCAL TREATMENT OF CHRONIC CATARRH OF THE NOSE AND THROAT.

F. J. UNDERWOOD M.D,

NETTLETON.

My text forbids my going into the etiology, symptoms, etc., of chronic catarrh of the nose and throat, yet to me it would be less difficult than giving treatment for the same.

But after all I have as much faith in my treatment for this condition as my good friend and preceptor, Dr. W. J. Grady, has for kerosene in rectal inflammations. It will be an unpardonable digression, but I want to say just here by way of commendation and praise that there must be something in coal oil for inflammation of the rectum and sigmoid, for the doctor has one of my best clients, and one who lives near me to boot, on this treatment and no matter if all of the numerous country stores in and about my place have been exhausted and the neighbors' borrowed, to say nothing of the price of the commodity in our vicinity actually being influenced, the patient is enjoying a rapid convalescence and tickled to death at the treatment.

When Dr. Grady gets busy with his kerosene and I with my antipyrin something usually happens to the patient and it is not exactly what happened to Jim out west.

An Alabama lawyer tells the story of a witness giving his testimony in an accident case in a western state.

His friend, Jim, had been killed on a railroad track. He said: "Me and Jim we was walking down the track, and I hear a train coming and step off the track." "Did Jim hear the train?" asked the examining attorney. "I do not know", said

* Read before the East Mississippi Four County Medical Society.

the witness. "Did you warn Jim?" asked the lawyer. "No," said the witness. "After the train went by, I didn't see Jim, and I walk on down the track, and soon I see one of Jim's legs, and a little further I see one of Jim's arms, and then I see another of his legs, and then his hat, and off to one side of the track I see Jim's head and then I say 'My God, something muster happen to Jim.'" Now, what happens to our patients is a cure.

If pardoned for this digression I will now get busy.

The treatment of chronic catarrh of the nose and throat must vary according to whether there is hypertrophy or atrophy of the mucous membrane of the nose and throat.

In strumous subjects, tonics, like iron, quinine and strychnine, with cod liver oil, must be given, but in a goodly number of the cases we treat the treatment is purely local. As to the nose, the nasal passages must not be overlooked; post nasal vegetations or nasal spurs or, as to that, any impediment to nasal respiration must be removed.

The much-lauded nasal douche, you notice the much-advertised glyco-thymoline nasal douche for catarrh, should not be used because of the liability of the douching fluid entering the tympanic cavity through the Eustachian tube and thereby causing otitis media.

I use a spray for both nose and throat. For the nose I like a prescription as follows:

℞

Sodii bicarbonat - - - - -	gr. iv
Boracis - - - - - -	gr. viii
Listerine - - - - - - -	℥i
Aqua - - - - - - -	ℨi

This is an alkaline mildly antiseptic solution and should be warmed when used. It softens and washes away the collected mucus and very satisfactorily cleanses and purifies the mucous membranes. This should be used twice or three times daily, followed by a snuff as follows:

℞

Boric acid - - - - - -	gr. xl
Starch - - - - - - -	℥iv
Cocaine - - - - - - -	gr. iii
Tannic acid and menthol - -	*aa,* gr.xv

Mix well and use as a snuff.

I saw this snuff formula in the *Monthly Cyclopaedia Of Practical Medicine,* published in Philadelphia. I saw the prescription several years ago and found it to be true blue.

For the removal of tenacious mucus in the throat I like a solution of bicarbonate of soda and borax, *aa,* ℥i, in ℨviii warm

water. I am fond of iodized glycerine as a spray. A solution of tannic acid and glycerine, strength one to four, is a first-class topical application. As a local astringent we all must admit that tannic acid heads the list.

Of course where this trouble is dependent upon a general condition, as gout, rheumatism, dyspepsia, portal engorgement, anemia or a general neurotic condition, then appropriate general treatment must be combined with the local.

Don't allow smoking, this inhaling is worse on nose than throat, or overuse of voice, and prescribe rest, bracing air and tonics.

I never fail to have my patients take fifteen grains of antipyrin in the morning before breakfast and at night on retiring, and think they always experience grateful relief from it.

Of course an obstruction to the throat, as enlarged tonsils or enlarged and elongated uvula, should be given surgical attention.

I desire to thank you all for your kind attention and invite free criticism even if it "busts my gall". I had better explain how I learned such language as the last phrase shows.

An old darkey was found sleeping at a station, waiting for a belated train. The old fellow's head was thrown back with his mouth wide open, and he was snoring so loud that it sounded as if someone was grinding coffee. The attention of several passengers was called to him, and a mischievous drummer slipped up and dropped far back into the mouth, a ten grain powder of quinine. He then aroused him and asked where he was going. The old negro's face began to show signs of distress and fear as he hawked and spat upon the ground and said: "Boss, is dar a doctor about here?" "No, there's no doctor here. What do you want with a doctor, old man?" "Well, suh, I'se gwine ter die." "What makes you think so?" said the drummer. "I knows I's gwine ter die kase my gall is done busted!"

W. B. Saunders Company now have going through their presses a three volume work on Practical Treatment, written by international authorities and edited by those able clinicians, Dr. John H. Musser and Dr. A. O. J. Kelley, of the University of Pennsylvania. The names of the authors carry with them the positive assurance of thoroughness. In every case the men have been most aptly chosen for their respective tasks, and under the wise editorship of Drs. Musser and Kelly there has been produced a work on Treatment that will remain for many years the last word—a source of practical information, easily obtained and readily digested.

MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

One of the chiefest reasons for the re-organizing of the State Medical Association was the desire to get doctors better acquainted with one another, in other words as an attempt to bring about a feeling of comradeship in the profession. The result in the earlier months of the process was satisfactory. Of late it has not panned out quite so well. At first blush, one is apt to think it is a condition largely characteristic of the medical profession, but on second thought we are forced to admit that the human element has a great deal to do with the question, and simply means that it is incumbent upon approximately five per cent. of the profession to be the leaven that leavens the mass. In other words, it may be stated of doctors, as of other human beings, that eighty-five per cent. are as clay in the potter's hands. Approximately ten per cent. compose those who actively oppose any measure of improvement and advancement, leaving five per cent. who must fight the battle and infuse courage into the hearts and minds of the remainder.

We, so-called civilized people, are very apt to laugh at what we are pleased to term barbarian or savage peoples for failing to appreciate benefits offered, whereas we are truly just as bad, if not worse, in failing to recognize, or neglecting to take advantage of, the inestimable opportunities presented by this country in the question merely of membership in the county medical society. There is not alone a chance for friendly relations for men in like calling, but also a vast number of comprehensive opportunities for post-graduate work and improvement in one's own mental machinery. The practitioner of medicine who fails to attend a post-graduate school now and then and who is not a member of a medical society, and a close attendant, falls behind, regardless of how many medical journals he may read. There is a marked advantage in personal contact that broadens the forceful, energetic mind in any profession, and a physician never attends one of these meetings but that he comes away

more enthused, more alert mentally and better able to grasp the details of the daily grind of practice.

What is needed now is to arouse a greater degree of enthusiasm, and keep it going. It seems to me that the councilors should be more active in keeping up a degree of interest in the county society work, and I do not know but that it would be a good plan to try to get Dr. McDowell, or some other good level-headed man of similar capacity, to come into the state and make a series of talks. See to it, O Councilors!

H. M. Folkes.

Society Proceedings.

Clay-Lowndes-Oktibbeha County Medical Society met in the city hall, West Point, September 22nd., President Hubbard in the chair and seventeen members present. Owing to so much sickness being present in the territory, several members who had essays were unable to attend. A paper on pneumonia, read by Dr. Chas. M. Watson of Florence, Ala., was highly appreciated and discussed by Drs. Brown, Naugle, McKinley and Spalding. Dr. Hudspeth of Pheba read a paper on auto-intoxication which was discussed by Drs. Watson, Hubbard, Brown, Curry and Wilkerson. A discussion of the use of vaccine in the treatment of gonorrhoeal arthritis was called for by Dr. Brown. Drs. Eckford, Ervin, McKinley and Spalding responded. One of the number reported poor results. Resolutions on the death of Dr. Harrington were read and accepted. Our guests were Dr. Chas. M. Watson of Florence, Ala., and T. L. Wilkinson, a former resident of West Point and member of this society, but now of Oklahoma. Adjourned to meet in Starkville December 29th.

F. C. Spalding.

East Mississippi Four County Medical Society met in Elks Home, Aberdeen, Tuesday, October 11th. 1910, President R. M. Boyd in the chair. The following resolutions on the death of Dr. Geo. P. Hamilton of Aberdeen were read and adopted:

The mystic chain of fraternity has been broken. Grim death has reached out and taken from us a worthy and well-beloved brother. Henceforward his place will have to be filled by another.

Whereas, it has pleased the all-wise, all-loving Father of Mankind to call from our ranks our brother, Geo. P. Hamilton, therefore be it

Resolved, that we, the rank and file of the East Mississippi Four County Medical Society, feel very deeply the loss sustained by his removal from our midst.

Secondly, that we can never meet in Aberdeen and not gaze sadly at our vacant chair.

Thirdly, that while we deplore the loss sustained by our society, we also feel keenly the loss to the community in which he lived, and extend our deep sympathy to the bereaved wife and children and to his devoted mother and brothers and pray the blessings of the Divine Father upon them in this hour of mourning.

Fourthly, that a page in our minutes be given to his memory and a copy of these resolutions be presented to the bereaved family.

J. A. Donaldson,
F. J. Underwood,
A. J. Brand,
Committee.

Under miscellaneous business Dr. J. B. Sims called the society's attention to the fact that the druggists of Aberdeen (the last one of them) are prescribing indiscriminately. Dr. Durley said that prescribing was not the end of it, but they actually did minor surgery, and at times when doctors were hard by. Doctors from other towns had the same story to tell. A motion by Dr. Durley, with Dr. Dilworth as second, prevailed that the president appoint a committee, one from each town where this prescribing is practiced, to investigate conditions and talk to the druggists and then report to the society as soon as convenient. This carried unanimously and this part of the minutes pertaining to druggists will not be published in our county papers because we want to go to them quietly and show them the error of their ways and then, if they do not appreciate the situation and favor and desist, God have mercy upon their souls, for the screws will be applied. Dr. Sims received the appointment for Aberdeen and was made chairman of the committee, Dr. Burdine for Amory, Dr. Feemster for Nettleton. The other appointments were deferred for the present.

The secretary was instructed by the society to write to one Miss Findelnkiller, who blew into Aberdeen a few weeks ago and is practicing medicine without any authority, telling her to desist.

No clinical cases were presented. Dr. J. M. Acker read a

paper, the subject being The Etiology And Early Diagnosis Of Syphilis. A lively discussion was engaged in by Drs. Durley and Coleman.

The society adjourned at 5 P. M. to meet at Amory Tuesday, November 8th. in the offices of Drs. Bryan and Burdine.

F. J. UNDERWOOD.

Messrs. Parke, Davis & Co. are cautioning against a man calling himself R. F. Hall who is using a card bearing their name to facilitate the passing of bogus checks.

Book Reviews.

PRACTICAL MEDICINE SERIES. Vol. VII Pediatrics and Orthopedic Surgery. 1910. The Year Book Publishers, 40 Dearborn St., Chicago. Price $1.25.

Professor Abt, in the first department of this little book, the section devoted to pediatrics, has included a collection of abstracts on the infectious diseases that should be studied by every man doing pediatric work. This branch of medicine is so largely a question of feeding that teachers are apt to concentrate on this one feature and the student to get the idea that that is all there is to it. Other subjects in the departments of pediatrics and orthopedic surgery that have been considered in the literature of the past twelve months are also represented in well-chosen abstracts.

HOWARD.

A MANUAL OF NURSING By Margaret Frances Donahoe, formerly Superintendent of Nurses and Principal of Training School, Philadelphia General Hospital. D. Appleton & Co., New York and London. 1910.

Miss Donahoe has succeeding in producing that long-looked-for manual on nursing which, in simple untechnical language, places before the student nurse the essential facts of the theory of nursing, to be supplemented, of course, by practical work. We do not know of any better work that physicians could place in the hands of those intending to embrace the profession of nursing, so that they might get a bird's eye view of many things that in the hurry of training are apt to be left unexplained. In fact, the practioner himself who has no trained nurse assistance might learn many lessons from this volume.

MYERS.

MISSISSIPPI MEDICAL MONTHLY

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*THE QUININE TREATMENT IN MALARIA.

J. T. LONGINO M.D.,

JONESTOWN.

To realize the inestimable blessing that quinine has been to humanity we have only to read the writings of former times, when physicians were powerless against malaria and exhausted themselves and their patients with useless and harmful remedies.

It makes one shudder to read of the administration of onions, hot water with pepper, the application of hot poultices, and the warm oil inunctions employed by the Romans; and the extreme dietetic regulations and hot baths of the Greeks; and in the middle ages the drastic purges, followed by venesection, cupping, fumigations, friction, constriction of the extremities, etc. In 1639 cinchona bark was introduced, a history with which we are all more or less familiar. A new age has opened up for malarial patients. There are several alkaloids of cinchona bark, but of all these quinine and its salts passes the greatest therapeutic value. The effect of quinine on the malarial parasite has been studied by many investigators.

Laveran made investigations by preparing two specimens of blood simultaneously from a malarial patient. With a microscope he examined one as it was, the other after treatment with a dilute solution of quinine. He found that the parasites in the control preparation continued actively motile for some time, while in the quinine preparation they lay still and lifeless. From this it was evident that quinine had a direct poisonous effect on the malarial parasite. This was confirmed later by experiments of Romanosky, Marchiafava, Celli, Golgi and others. The uniform result of all those investigations showed that the administration of quinine killed the parasite. On examining the blood under the microscope, after the adimnistration of quinine, we note, in a general way, the following results: at first very active, convulsive movements of the parasite; about three hours afterwards, a decided diminution in the amoeboid move-

* Read before the Clarksdale and Six Counties Medical Society.

ments; six hours afterwards, the number of parasites are considerably decreased. It was further observed that the parasites assumed a glistening, homogenous appearance, as if they coagulated and finally broke up into fragments. Therefore it is seen that the action of quinine on the malarial parasite produces a necrosis, which satisfactorily explains the specific action of the drug. Quinine is a powerful germicide.

Sajous writes: "Quinine is poisonous to many organisms, including amoeboid cells. So marked is this action that adequate doses check the ameboid movements of the leucocytes."

Quinine is a malarial parasiticide. According to Binz, a solution of quinine, one to five thousand, rapidly produces death of infusoria.

Experiments of Binz, Laveran and others prove that the effect of quinine on the malarial parasite is similar to the effect on the infusoria. In fact, Laveran showed that by allowing a solution, one to ten thousand, of quinine to run under the cover glass the movements of the malarial parasites were immediately arrested and showed evidences of protoplasmic poison. A weaker solution may suffice, but from clinical experience we may safely conclude that a solution of one to five thousand is amply sufficient to kill malarial parasites.

The question naturally arises, how much quinine should be administered in a given case of malaria? This depends upon several circumstances, namely: age, size, weight, or rather the volume of blood, of the patient; also the method of administration, and some physiological and pathological conditions of the patient. Physiologists tell us that the proportion of blood to the weight in the human body is approximately one to thirteen. A man of average weight, one hundred and forty-five pounds, would then have eleven and fifteen one-hundredths pounds of blood. It would take fifteen and sixty-one one-hundredths grains of quinine to make a solution of one to five thousand in this volume of blood. The amount administered in any given case of malaria should be a sufficient quantity to assure the absorption, into the blood, of enough quinine at one time to produce whatever concentration of solution that is necessary to kill the malarial parasite. Hence, the folly of small doses and the necessity of large doses. The best time for the administration of quinine should be decided upon and the proper amount should be given all in one dose or in broken doses at such short intervals that the desired amount of quinine would be absorbed and be in the circulation at one time.

The continuous administration of small doses at long intervals is objectionable, in that the necessary concentration of

solution is delayed or never attained and yet the patient is annoyed and worn out with the disagreeable physiological effects of quinine.

If quinine is given by the mouth, it must be remembered that absorption requires more time, and almost simultaneously with absorption excretion of the drug begins.

According to the investigations of Karner and Thau, the excretion of quinine through the kidneys begins fifteen minutes after its intruduction into the stomach. Excretion reaches its acme in twelve hours, and in forty-eight hours only traces of quinine can be found in the urine. It is a fact, however, that quinine administered continuously in small doses has a cumulative effect and the desired concentration of solution may ultimately be attained, but when we are called upon to treat an attack of malaria we haven't time to wait for the cumulative action of quinine. The continuous administration of quinine in small doses at long intervals, is to be preferred as a prophylactic treatment of malaria. On the other hand excessively large doses of quinine should not be given simply because it is not necessary to produce such a strong solution of quinine to kill the malarial parasite and moreover untoward effects have followed the administration of sixty grains, or even thirty grains, such as blindness, deafness, purpura hemorrhagica, hematuria, erythema, etc.

The number of quinine salts manufactured are about thirty-three in number, the majority of which are superfluous and do not need mention. The sulphate, bisulphate, hydrochlorate, bimuriate, hydrobromide and valerianate are the most commonly used. The hydrochlorate and bisulphate are to be preferred. Both are readily soluble and both contain relatively large amounts of the active principle. The hydrochlorate is soluble in thirty-four parts and bisulphate in eleven parts of water.

Quinine may be introduced into the organism per mouth, rectum, endermatically, subcutaneously or intramuscularly and intravenously. Each of these methods of administration has its indication.

The endemic method is of doubtful efficacy, owing to the improbability of absorption.

It is said that quinine incorporated in glycerine can be introduced into the circulation in children by inunction. Even if this be true this method should be abandoned owing to the unreliability of the dosage.

Quinine by the rectum is a very slow way of administration and is seldom resorted to.

Quinine by the mouth is the most common method of ad-

ministration and is to be preferred in all mild cases of intermittent, remittent, or subcontinued malarial fever as long as the stomach is capable of its normal absorption, and as long as there is no irritation and uncontrollable vomiting. It may be administered in solution, powders, capsules, pills or tablets. The solution has the advantage of being more quickly absorbed and producing a more marked effect.

The subcutaneous or intramuscular injection of quinine is of special importance. It is indicated in those cases of malaria in which severe symptoms demand prompt interference and is of inestimable value in pernicious malaria. The injections must be made under special precautions, otherwise we may have non-absorption, inflammation, abscess or phlegmon. If the quinine is introduced in a concentrated solution, the irritation is so great that absorption is prevented, nature walls off this area and a phlegmon results. But if well diluted and injected under antiseptic precautions, absorption and cinchonism are prompt and no abscess results.

It is well to state that intramuscular injections are to be preferred, because, when introduced deep into the muscular tissue, which has an abundant blood supply, absorption is greater than when introduced into the subcutaneous fascia. The lumbar and gluteal regions are to be preferred.

The ordinary hypodermic syringe is entirely unfit for this purpose. A larger syringe is necessary. An ordinary aspirating syrnige, holding about two drams, affords sufficient dilution for the injection of fifteen or twenty grains of quinine.

Both the syringe and the quinine solution should be prepared under the most aseptic precautions. The syringe and needle should be sterilized. The skin at site of injection should be disinfected by washing with soap and water, alcohol or bichloride of mercury solution. The desired amount of quinine should be dissolved in the required amount of normal saline solution of distilled water, filtered and boiled until sterilized, after which it should be placed in a sterile, well-stoppered bottle until used.

If crystals should precipitate, they should be dissolved by renewed warming. It would be good practice for physicians, in malarial districts, to carry with them one or two doses of quinine prepared, in this way, ready for use. Quinine bimuriate and hydrochlorate are both suitable preparations for hypodermic use.

Intraveneous injections are indicated in the very serious pernicious cases of malaria, especially in the algid and comatose. In such cases the power of absorption is very slow and

quinine should be introduced directly into the blood current. This should be done in the same manner and under the same aseptic precautions as in the subcutaneous method, except that the needle is introduced through the skin into a vein of the arm distended by a tourniquet. The compression is then removed and the quinine solution is slowly injected.

The administration of quinine is effective at any time during the progress of an attack of malaria, but it is claimed by many investigators that the spores and young forms of the malaria parasite are more susceptible to the effect of quinine than the mature forms. That the youngest parasites before they enter the red blood corpuscles, in other words while free in the plasma, are more susceptible to quinine. It is further stated that the sporulation of the parasite occurs about three hours before the malarial paroxysm. The quinine should be administered a sufficient time before the paroxysm to allow the greater part to be circulating in the blood at the time of segmentation, ready to act on the newly-formed spores.

In intermittent fever, the quinine should be administered from three to five hours before the expected paroxym. This does not suppress the paroxysm at hand, but the subsequent paroxysm is either prevented or considerably modified. In intermittent malaria it is not always practical for the general practitioner to make a positive diagnosis of this particular species of malarial parasite or to ascertain the exact time of an approaching paroxysm. However, this may be done, approximately, by a close clinical study of the disease, but our guide should be the microscope. In irregular pernicious, remittent and continued fevers it is difficult and often impossible to ascertain the time of an approaching paroxysm. In these cases quinine is to be pushed energetically from the time diagnosis is made without attention to temperature.

There have been isolated as many as five species of malarial parasites, namely: Quartan (time of development seventy-two hours), Ordinary Tertian (time of development forty-eight hours), Pigmented Quotidian (time of development twenty-four hours), Nonpigmented Quotidian (time of development twenty-four hours) and Malignant Tertian (time of development forty-eight hours).

The Ordinary Tertian, the third day chill and fever, is the most prevalent form and is the most amenable to quinine treatment. The Quartan, the fourth day chill and fever, is seldom seen and is less amenable.

The last three mentioned species are found in the pernicious fevers, aestivo-autumnal, hemorrhagic, hemoglobinuric, algid

and comatose. These are the crescent-forming parasites. The crescents, however, are only formed after several days existence of the disease, usually eight or ten days. In the pernicious, irregular, or continued fevers we may have a multiple infection of the same parasite or a mixed infection of different species of parasites. All are amenable to quinine treatment except the crescents. Allow me to quote from Mannaberg in which he says: "One form of malarial parasite is totally resistant to quinine, namely, the crescentic."

"It is the unanimous statement of all observers that crescents remain unchanged after the most persistent administration of quinine, and that the therapy is incapable of playing even a prophylactic role."

The continued fever of the aestivo-autumnal type is generally due to the presence of the crescents. The quinine treatment should be persisted in, however, even in this form of fever; especially in the beginning of the attack, because of the strong probability of a mixed infection.

In black-water fever there is a great difference of opinion as to the quinine treatment even among some of our greatest authorities. From a scientific standpoint there seems to be a lack of knowledge of this very important and fatal form of malaria. But those of us who have learned by experience, and have seen the patient promptly succumb to the administration of quinine, would consider its administration in malarial hemoglobinuria with fear and trembling.

Albert Plehn has formulated the following principle in the treatment of black-water fever:

"Quinine is superfluous, because the enemy which it is to combat succumbs in a short time from its own activity."

"Quinine is in the highest degree dangerous, on account of its tendency to produce new paroxysms by renewed disorganization of the blood after the first have happily past."

Quinine within itself has a tendency to disorganize red blood corpuscles and in many instances will precipitate hemoglobinuria. There are, however, certain mild cases of malarial hemoglobinuria in which the quinine treatment is indicated. To illustrate I report a case.

A negro girl, aged ten years, had malarial paroxym accompanied by hemoglobinuria. The usual mercurial purge was administered and after three of four hours the urine cleared up. On the second day a malarial paroxysm and hemoglobinuria returned, which cleared up as promptly as the day before under the same treatment. On the third day the paroxysm and hemoglobinuria appeared with greater severity. It was evident by

this time that something had to be done. Quinine was administered as usual in any other form of malaria. Another malarial paroxysm and hemoglobinuria was prevented and prompt recovery resulted.

In these mild cases the destruction of the malarial parasite is not complete and quinine should be administered. The microscope should be the guide. If, after the paroxysm, numerous parasites are found in the blood, quinine is indicated.

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*FRACTURES OF THE SKULL.

M. H. ROBERTS M.D.,

EBERNEEZER.

I selected this subject because it is an important one and, no matter how well posted, we are nearly always helped by reviewing it.

It is true that I have not had much experience in skull fractures, as I have been in the practice of medicine only a few years, but I will try to give you a general outline of the subject as I have learned it.

Fracture of the skull may be simple, compound, depressed or punctured. They are divided into fractures of the vault and fractures of the base. Those of the vault are usually due to direct violence, those of the base to indirect violence.

Fractures of the skull in early youth are uncommon. Usually the entire thickness of bone is involved, but we may have either the inner or outer table fractured. In complete fractures the inner table is more extensively broken than the outer, due to the inner table being more brittle.

Fractures of the vault may be simple and undepressed or may be depressed, compound or comminuted. A fissure may escape recognition, but any considerable depression can be detected.

The prognosis in skull fractures should be governed by the amount of damage to the soft tissues and not so much to the loss of bone. The dangers of fractures of the skull may be immediate or distant. The immediate are hemorrhage, brain injury and septic inflammation. The distant are epilepsy, insanity and persistent headache.

Simple fractures of the skull without depression and brain symptoms are treated expectantly by rest, quiet, low diet, moderate elevation and cold to the head.

*Read before the Holmes County Medical Society.

Simple fractures with much depression require trephining even when brain symptoms are absent. Some surgeons make an exception in young children and wait awhile before trephining in the expectation that the expansive brain will lift the depressed but elastic bone.

Trephining in cases where no marked symptoms exist although there is depression often prevents future trouble. This is known as preventive trephining.

In punctured fractures it is best to trephine in order to remove blood clot and bone spiculae and to asepticize the damaged tissues. Of course we understand that the field of operation should be rendered as aseptic as possible and that the hands of the operator and assistants should be scrupulously clean and all instruments should be thoroughly sterilized.

Fractures of the base of the skull may involve only one fossa or all. The middle fossa is oftenest involved. Fractures of the posterior fossa is most apt to be fatal.

These fractures may be due to direct violence, to indirect force or to extension of fracture of the vault. Fracture by direct violence may arise from penetration of the nasal roof or the pharyngeal roof by a foreign body. The posterior fossa may suffer from a fracture by direct violence applied to the neck.

Fracture by indirect force may arise from blows upon the frontal bone, from falls upon the chin or from falls upon the buttocks, knees or feet.

The symptoms of fractures of the base are so numerous I will only mention a few of them. These fractures are apt to be compound. In fractures of anterior fossa the injury may be compound because of the laceration of the mucous membrane of the nose and conjunctivae. Blood may run from the nose, its source being the vessels of the mucous membrane or the dura. Epistaxis does not prove the fracture being compound but only suggests it, but if the epistaxis is prolonged the probability is greatly increased and if the flow of blood is succeeded by a flow of cerebro-spinal fluid the diagnosis is positive. Blood is also apt to flow into the orbit, causing a subconjunctival ecchymosis and some blood may be swallowed and vomited.

In fracture of the middle fossa blood may flow from the ear or may be swallowed and vomited and in some cases cerebro-spinal fluid may flow from the ear.

Fractures of the posterior fossa are apt to be compound through the pharynx, and in such cases the patient spits or vomits blood.

In treating fractures of the base collect any serous dis-

charge, analyze it and disinfect the cavity involved. Cases of fracture of the base must be put into a darkened room and kept quiet, on a low diet, and bowels and bladder attended to. If we are not sure whether a fracture exists or not, keep patient quiet and treat him as if there was a fracture until the diagnosis can be made.

In June 1902 I was called to see a white man who had been struck on the head with a single-tree. He was struck about 7 P. M. and I arrived there about 10 P. M. I found him lying on the floor of his porch totally unconscious, pulse forty-eight, breathing slow and skin surface cold. I gave him a one-fourth grain of morphine hypodermically, removed his wet clothing (as his wife had been pouring cold water on him) and applied heat to the surface. In a short while he showed signs of movement and vomited blood; there was also blood running from his ear. I detected a considerable indentation on the left side of the head above and posterior to the ear. I remained with the patient the rest of the night and next day called in assistance for an operation. It was 2 P. M. the following day when we were ready. Our table consisted of two empty barrels with the shutter of a door laid on them; our instruments were sterilized in the back yard, the family's summer kitchen. After clipping the hair and shaving one side of the head we placed him on the table and began the administration of the anesthetic, which he took so badly that it looked as if we would have to abandon the operation, but after giving him a tablet each of atropine and nitroglycerine there was no further trouble. After making the incision we found a comminuted fracture and removed the piece of bone, which left an opening three and one-fourth inches long by one and one-eighth wide; there was also a fissure extending into the middle fossa, the reason for the hemorrhage from the ear and into the pharynx. There was also a considerable blood-clot on the dura. This we removed, irrigated the dura with a hot bichloride solution and closed the opening with the scalp; did not use an artificial plate. I noted patient's pulse before the operation; it was forty-eight and just after it was seventy.

I soon found that my great trouble had just begun, that my patient was wild and it was very difficult to keep him in bed and any dressing on the wound. I cannot praise hyoscine too highly in this case. One dose would keep him quiet six or eight hours, while morphine would only do it two or three. I was a little late getting back to the patient one night and found him wild with eight men around him holding him down. They had made several attempts to give him a hypodermic but

failed. This was on Sunday night, forty-eight hours after the injury. I gave him a dose of hyoscine and he was soon asleep and did not rouse until morning and I allowed him to walk around the room with assistance and succeeded in giving him a dose of calomel which acted well. After this I kept him quiet on an occasional dose of bromidia. The incision healed by first intention, there was no suppuration and I removed all the stitches by the eighth day. Of course we did not expect the opening to fill with bone but with fibrous tissue.

It was about three weeks before the patient could walk alone. He is still living and makes a regular field hand and is capable of attending to business, but complains of being a little deaf in the ear on the opposite side from the injury and is easily confused.

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*REPORT OF A CASE OF MALARIAL CONGESTION.

L. D. HARRISON M.D.,

CLARKSDALE.

Several years ago I had under my treatment a little patient, male, two and one-half years old, white, taken sick on Sunday morning with a chill, followed by high temperature during the evening and night. In spite of large doses of calomel and antipyretics, fever increased. Monday morning temperature was 104° F. per rectum, patient delirious. About 8 A. M. had a convulsion lasting about fifteen or twenty minutes and became cyanosed. Dr. W. W. Stewart was called in consultation. Enemas were given every three hours and calomel, five grains, every two hours. Oil, as much as we could get down him, and quinine by inunction and hypodermic injection. The patient was rolling from side to side of bed, hard to control, never resting, unconscious, pulse 140; respiration 15 to 20, sighing; temperature per rectum 104° F.

Tuesday calomel continued; quinine, oil and enemas as before, with warm poultices and turpentine over the bowels. No action from bowels; kidneys acted involuntarily. Same treatment was continued until Wednesday, all these symptoms continuing in an aggravated degree. Pulse very weak and irregular, too fast to count, respiration sighing, no action from the bowels.

Consulting physician and myself considered the condition very grave, in fact we could not hold out any hope for the ultimate recovery of the little patient.

* Read before the Clarksdale and Six Counties Medical Society.

At this critical and almost hopeless stage of the case a fly blister over the liver and stomach was suggested. It was applied by spreading the ointment on a heavy piece of cloth to keep from wrinkling and the ointment was applied directly to the skin. The size of the blister was four by eight inches. A pad of cotton was applied over the outside of the blister and a good wide bandage pinned over close to hold it in place.

In two days the patient was quiet and sleeping, skin moist, pulse and respiration more nearly normal. Patient slept for three hours.

Blister was taken off and poultice applied without awakening the patient. At the end of five hours patient waked up and called for water, the first rational sound he had made for three days.

His bowels moved freely, fever went down and the case made a good and uneventful recovery.

What part did the blister have in the recovery of this patient? Did the absorption of the cantharides act as a general diffusive stimulant equalizing the circulation and thus relieving the congestion, or is it a fact that congestion is a symptom of a disease of the self-limited kind, spoken of by eminent theorists and dreamers who consider pneumonia and typhoid fever as self-limited diseases that are just to be nursed and not treated, and that this case, if it was a case of congestion, had reached the stage when self-limitation was about to take place and the disease cured itself and that the case got well of its own accord? Or were the physicians in charge of the case mistaken and was it a fact that there was nothing the matter with the patient and he would have recovered without any treatment?

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*THE USE OF GONOCOCCIC VACCINE IN CHRONIC GONORRHOEAL AFFECTIONS: WITH REPORT OF CASES.

S. T. WELLS M.D.,

ALLIGATOR.

This paper is not intended to convey information but to put the subject of vaccines before the meeting in order that we may have the benefit of a thorough discussion of their use and value in complication of that most obstinate and intractable disease, gonorrhoea. I think all authors agree that its use is limited to chronic complications and not of value in acute urethritis,

*Read before the Clarksdale and Six Counties Medical Society.

although one very enthusiastic observer and advocate reports flattering results in the acute gonorrhoea of a number of girl children, having used it in some twenty cases with the result that the discharge ceased almost immediately in some of the cases and in others after varying lengths of time. With this exception, however, all seem to agree that it has no value in acute gonorrhoea, and with so much evidence to the contrary I am somewhat reluctant to accept his claim. In casting about for something better than our many remedies for these troubles, I tried vaccine in a few cases, one of which seemed to have been permanently cured, a case of acute epididymitis lighted up from a chronic posterior urethritis. I gave some injections of about fifty millions cocci at a dose, giving injection every third or fourth day, but at the same time I used local treatment. I saw this patient some months later and he reported no trouble whatsoever since the recovery. Whether the vaccine had anything to do with the recovery I am unable to say positively, as my other cases were not so favorable. In one case of chronic prostatitis I gave one injection only, with the result of an acute attack of malaria occurring on the second day following. Seeing the patient at the time the paroxysm appeared, I gave him ten grains quinine by hypodermic. His temperature rose to 105° F. and subsided in a few hours, after which he had quinine during the next thirty-six hours. For several months he had no trouble whatever from the prostatitis, but when I had begun to believe there was some virtue in the vaccine my faith was shattered by a recurrence. In several other cases I gave several injections with no results other than that the patients, tired of waiting for relief, went elsewhere, I suppose.

Altogether, its use in my hands has been discouraging. While most of the reported cases have been equally so, some report uniformly favorable results. I still think it offers a great field for investigation. Some writers report great virtue in the use of serum, but most seem to agree that vaccine gives better results. However, with the value of vaccines for other diseases, known to us from the testimony of many investigators, I think we will yet solve the problem of gonorrhoeal vaccine. We must find whether or not to use the stock vaccine or cultures from the individual and, further, we must more fully understand the dose, as various writers are varying the doses. Perhaps a larger dose than I used is required, and perhaps it should be first ascertained which vaccine is superior, the stock or autogenous variety.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Bulletin Number Four of the Carnegie Foundation for the Advancement of Teaching.

Subject: Medical Education in the United States and Canada. By Abraham Flexner. With an introduction by Henry S. Pritchard, President of the Foundation, 576 Fifth Avenue, New York City.

We have been in receipt for some time of the rather remarkable document bearing the above title and only the exigencies of editorial space have prevented our paying our respects to it ere this. When all has been said of this publication, it may be simmered down to a glorification of the big colleges at the expense of the small. The writer having received his academic training in a small college and his medical training in one of the big ones with all the laboratory attachments, feels, with due modesty, well qualified to speak on this point. To those who know the uplifting intimacy between professor and student in the small college and the cold, unsympathetic attitude of the student body in the big college toward their professors, whom they only see upon the lecture platform, this report of Flexner's must seem a grim joke. Pushed to its logical conclusion, this report would have all medical colleges turn out their graduates as Dickens so inimitably portrays, like so many piano legs, all turned the same way. Flexner, in his rapid-fire inspection trip was dazzled by the "front" put up by the big schools. Being only a teacher and not a medical man he did not know that equipment, microscopes, etc., do not constitute a medical school alone; witness the Mayos, self-taught, rising to fame. A great teacher may teach medicine with only patients and a blackboard; witness the great diagnosticians born before the laboratory days. To those who know the real inwardness of all the laboratory business, it was a joke to read the pronouncement of all the professors in all the big medical colleges something over a year ago, resolving to use the Phar-

macopoea in their classes. A careful study of these same colleges will fail to reveal any more use of the Pharmacopoea than before these resolutions. Yet such transparent fakery duly impresses idealists of the Pritchard and Flexner type. We know, even if Flexner doesn't, that there isn't much difference between the school with a laboratory and the one without; that nowhere in the United States is the laboratory teaching correlated with the didactic, or clinical. It is all like the particolored stones of a mosaic pavement, thrown carelessly together. In very few colleges is there some great master teacher to smooth the pavement and make each stone a complement of the other. We know how great is the advantage to learn that the leucocytes are increased in pneumonia, but with all the great laboratories we can recall no one where the students are allowed to take a drop of a pneumonia patient's blood and discover this for themselves. In not one are the students allowed to discover for themselves the blood picture of chlorosis, or find eosinophilia in helminthiasis.

In how many schools must a third or fourth year man provide himself with a haemocytometer, and a microscope in order to carry out the simplest laboratory teachings? In not one.

The laboratory courses, so much vaunted in this report, are hurried, cut and dried unenthusiastic affairs; the same, year by year, for section after section. Laboratories indeed! Fakes as at present conducted. And upon this, we have a violent effort to separate the sheep from the goats. We can but give a passing glance at the many errors this report contains. We have on a previous occasion commented upon the praise bestowed upon the Medical Department of Michigan at Ann Arbor, where Flexner was careful to avoid stating the number of beds used in teaching, simply saying it was ample.

In reference to Tulane, he states, "the chair of Practice was filled by importation without friction". This is a deliberate misstatement. Those who know New Orleans know that Prof. George Dock's entrance upon the field was the signal for all kinds of jealousy to break loose. He was supported so efficiently that he took the first opportunity to leave in disappointment.

Coming nearer home, he states in a footnote: "as we go to press it is announced that the clinical end of the University of Mississippi at Vicksburg is discontinued."

This is another deliberate misstatement, impossible of any truth, for the report went to press November 1909 and the Board of Trustees of the University of Mississippi did not de-

cide to suspend the school until June 1910, after the close of a successful session, for the reason that the Legislature failed by one vote of a constitutional majority to pass an appropriation, the vote being sixty-eight for to thirty-four against, sixty-nine being needed for an appropriation bill.

A Report upon Medical Education in the United States so unfair, so unimpartial, so untrue in the many respects we have pointed out, deserves to be pointed at as the monumental example of how not to examine medical education in the United States.

S. Myers.

In the December issue of the *Southern Practitioner,* tucked into the editorial (?) column between a "reader" lauding Abbott's "New Hypnotic Calmine" and one warning the credulous physician against substitutions for Sander & Sons' "Eucalyptol", appears a brief, partial account of the meeting of the S. M. A. From it we learn that "The Southern Medical Association held its annual meeting at Nashville November 8, 9 and 10, and was a most interesting and satisfactory meeting in every way. Some most excellent papers were read * * * . Among the papers in the Medical Section, in which all were most excellent, the following attracted especial attention and most favorable comment * * * . In the Surgical Section * * * all were most interesting." Finally a "most efficient medical stenographer" reported the discussions. Waiving the point as to expressions "most excellent", etc., or the question that naturally arises as to how a dozen authors can each produce the "most interesting" paper, we beg some "most erudite" friend to furnish our "most esteemed" Brother Roberts with a new expression.

Society Proceedings.

Covington County Medical Society met in regular session at Arbo Tuesday, Dec. 13th. Both the president and vice-president being absent, the society elected Dr. G. W. Wallace chairman pro tem. The following members were present: Drs. Wallace, McIntosh, Gibson, Davis, Flynt, J. Welch, Fridge and Garrison. In the regular order of business Dr. Flynt reported a very interesting case in which he and Dr. Wallace were associated, one of gall bladder affection with some brain lesion occurring later. Dr. G. W. Wallace reported some things he had

heard while attending the S. M. A. at Nashville, one of which was the suggestion of Dr. J. B. Murphy of Chicago about joint surgery, condemning continued drainage in joints, stating that where it is necessary to let out pus to do so by aspiration and not by opening up and exposing the membrane to the air. By doing the latter he claims we most likely get the most of our stiff joints. He condemns forcibly the drainage of joints in any other manner except by aspiration. Another interesting thing he heard was that of Dr. Bass demonstrating his agglutination test, taking one specimen of his own blood, he having previously vaccinated himself with the typhoid vaccine, therefore claims immunity. The test therefore reacted positively with his blood and negatively with that of another member who happened to be sitting close to him. Another interesting thing was a paper by Dr. Frank Jones of Memphis in which he reported some very peculiar cases of fever that did not react to typhoid or malaria and could not be diagnosed. Dr. Wallace stated he had recently had a similar case. The society then asked Dr. James Welch to read the paper of Dr. R. R. Welch, the latter being absent, on Potts' Fracture With Other Complication, in which he reported a very interesting case. The paper was freely discussed. The society then went into the election of officers, which resulted as follows: Dr. G. W. Wallace, president, Arbo; Dr. W. W. Davis, vice-president, Ora; Dr. H. F. Garrison, secretary-treasurer, Seminary; the board of censors: Dr. H. G. Fridge of Sanford to fill Dr. Davis' unexpired term; Dr. James Welch of Collins to take the place of Dr. Bethea, whose term expires now; Dr. Jno. McIntosh being elected one year ago for three years. On motion of Dr. Fridge the society tendered its hearty appreciation and thanks to Dr. and Mrs. Wallace and Miss Criss for their hospitality and excellent dinner served while in their home. The following members were selected to read papers at the next meeting: Drs. Fridge of Sanford, Flynt of Mt. Olive and Whittle of Collins. The society then adjourned to meet at Mt. Olive on the second Tuesday in March 1911.

H. F. Garrison.

Harrison County Medical Society met in regular session Tuesday, December 13th., in Gulfport at the rooms of the Commercial Union. Dr. H. H. West, president, called the meeting to order. Those present were: Drs. West, Carroll, Priddy, Anderson, Mohler, Welch, Segura, Caraway, Morris, Sheely and Caraway. Dr. Welch of Woolmarket reported several interesting cases of "malaria". The cases were particularly interesting

from the point of the unusual, as they were selected from a number for the reason that they showed unusual traits as to severity, complications and sequelae. The report brought out considerable discussion of malaria and many interesting cases were reported and discussed, Drs. Morris, Sheely and Anderson furnishing some very interesting data. The yearly report of the secretary was read and received. This report showed that the society was in a flourishing condition, having a good membership, with only a few delinquents for this year. The following officers for 1911 were unanimously elected: President, G. F. Carroll, Biloxi; Vice-President, D. G. Mohler, Gulfport; Secretary; B. Z. Welch, Woolmarket; Member of Board of Censors, A. L. Morris, Gulfport; Representative to State Association, C. A. Sheely, Gulfport; Alternate, W. H. Rowan, Wiggins. It was next moved that a committee be appointed to arrange for the annual banquet to be held at the January meeting of the society. It was agreed that all white physicians of the county be extended a cordial invitation to attend this banquet and join in making it a meeting looking forward to the encouragement of friendly intercourse among the physicians of Harrison County. The president appointed the following to act as members of the committee: Drs. Parker, Mohler and Morris of Gulfport. Dr. Caraway and wife, Dr. Margaret Caraway, of Gulfport, were present as visitors at this meeting. A cordial invitation was extended to them to join.

G. F. Carroll.

Jones County Medical Society met in regular session at Laurel, Miss., Dec. 14th. and elected officers for 1911 as follows: W. J. Bailey, Laurel, president; H. C. Smith, Ellisville, vice-president; J. R. Kittrell, Laurel, secretary-treasurer (re-elected); H. Boswell, Laurel, delegate; C. M. Hyde, Laurel, alternate; J. W. Seale, Laurel, censor to succeed J. B. Jarvis, whose term has expired.

J. R. Kittrell.

Newton-Neshoba-Winston County Medical Society met at Newton Dec. 14th. in executive session and elected J. N. Whittle, Union, president; J. T. B. Berry, first vice-president; C. V. Gilmore, second vice-president; S. A. Majure, Dixon, secretary-treasurer; I. W. Cooper, Newton, W. W. Hickman, Noxapater, S. A. Majure, Dixon, delegates. We have had a very pleasant and profitable year.

S. A. Majure.

Tri-County (Pike-Lincoln-Copiah) Medical Society held its annual meeting at Brookhaven Dec. 13th. with the following members present: Arrington, Butler, Beacham, Catching, Currie, Dickerson, Dodds, Flowers, Frizell, Higdon, D. W. Jones, R. E. Jones, Johnson, Little, D. W. Magee, M. M. Magee, Martin, McKee, McLeod, Purser, Rowan, Sigrest and Thompson. After the transaction of a little routine business the treasurer's report was had showing the society's finances to be in good condition. President Purser then read his address, which contained many valuable suggestions. A motion to change the time of meetings to every three months instead of every two months met with so little encouragement that it was not put. The first Tuesday was fixed upon as the day for meeting. A resolution endorsing the action of the State Board of Health was passed unanimously. The members, accompanied by District Attorney Wall and Mayor Henck as guests, then repaired to a near-by restaurant where a six-course dinner was served and a couple of hours spent in delightful social intercourse. We find these annual meetings a source of great pleasure and of much good in promoting fraternal feelings. Election of officers was then held, with the following result: President, J M. Dampeer; Vice-Presidents, Catching, Beacham and McLeod; Secretary-Treasurer, D. W. Jones; Censor, R. E. Jones; Delegates, Dickerson, Frizell and Rowan.

D. W. Jones.

EAST MISSISSIPPI FOUR COUNTY MEDICAL SOCIETY.

CIRCULAR LETTER.

Dear Doctor:

It is a matter of pride to our entire membership that East Mississippi Four County Medical Association made an earnest fight during the last legislature to obtain the legislation so vital to both the masses and our profession. Our organization was among the most active of the component societies and it will probably be interesting to know how our senators and representatives voted on the bills in which we are interested:

Bills were introduced covering all our requests, but that old method of evading responsibility by letting them "die a-borning" in committee was resorted to, and it is indeed hard to place responsibility. There is one exception this time, fortunately. Our "Medical Practice Act" prescribing the requirements for the practice of medicine, got from under cover and

came to a vote, and a study of the "yeas" and "nays" may be of value in determining who are our friends. The following is the history of the bill from its birth to its death: Introduced in senate by McDowell and referred to committee which reported favorably. When called up for consideration Mr. Breland moved to amend by exempting all Mississippi medical college graduates from examination. Banks moved that the law not take effect until 1912. Both these amendments were adopted. It was put a vote as amended and passed. All senators from our four counties voted in favor of the bill except Anderson, of Lee. Later, Owen moved to reconsider the bill, which was done. The objectionable amendments of Breland and Banks were stricken out and it passed as originally introduced. Adams, representing Chickasaw County, voted in favor of the bill, Leftwich and Anderson not voting. It was called up in the House on April 12th., voted on promptly and failed to pass. *The only representative from our four counties voting in favor of this bill was Broyles, of Monroe.*

As a whole our efforts were a failure, yet a few things were accomplished of which we should be grateful, and this demonstrates clearly what organized medicine can do. We defeated the optometry bill, got a charity hospital at Jackson, secured an increased, though inadequate, appropriation for the State Board of Health and, above all, by our agitation we have sown seed both among the people and the legislators, which will do much good. Old Mississippi will not remain a laggard much longer because her intelligent citizenship will demand that the state assume her just responsibility and acknowledge that it is just as much her duty to promote the physical development of her people as the mental, and that it is a reproach and an absolute disgrace to sit idly by while thousands are dying of diseases that could be prevented.

Our Tupelo meeting, on Deecmber 13th., will be the best of the year. The following program has been arranged: "Some Amusing Reminiscences Of A Country Practice Thirty Years Ago", Dr. Boggan of Tupelo; "Pellagra", Dr. Burdine of Amory; "Social Duties Of The Physican", Dr. W. C. Walker of Houlka; "Significance Of Hematuria Or Pyuria", Dr. C. T. Keys of Tupelo; "Diagnosis And Treatment Of Calculus In The Kidney, In The Ureter", Dr. Wilson of Houston; "Indications For Nephrectomy, Technic Of Operation", Dr. L. C. Feemster of Nettleton.

Officers for the ensuing year are to be elected at this meeting. Questions of the utmost importance are to be decided. Every member should be present even if it is impossible to at-

tend another meeting during the year. Come, Doctor, even if it means a sacrifice; your sacrifice will be a service to your beloved profession and your clientele.

Fraternally,

R. M. Boyd.

Book Reviews.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Larynology, Hygiene and other topics of interest to the medical profession throughout the world. Edited by Henry W. Cattell A.M., M.D., Philadelphia, U. S.A., Vol. III. Twentieth series. 1910. Philadelphia and London. J. B. Lippincott Co. Price $2.00.

Again we welcome this most interesting and instructive quarterly, which comes filled with the latest medical thought, the wheat sifted from the chaff. Among the most interesting articles we find "The Present Status Of Bacterin Therapy", by B. A. Thomas; Reports On Autoserotherapy, by C. K. Austin, and The Treatment Of Advanced And Acute Cases Of Tuberculosis, by Joseph Walsh. Lucius Tuttle has an article on Medical Metrology that opens up a line of thought, and Daniel Hoyt has done his fellow-practitioners a great service in summing up "What Vivisection Has Done For Medicine". All in all, this volume is a worthy successor of the preceding ones and deserves to adorn every up-to-date physician's desk.

Myers.

A TREATISE ON DISEASES OF THE SKIN. For the use of advanced Students and Practitioners. By Henry W. Stelwagon M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Sixth edition, revised. Handsome octavo of 1195 pages. with 289 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London; W. B. Saunders Company, 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

Six editions in eight years is sufficient evidence of the popularity of any book, especially one on a special subject, and while these—or at least some of these—have been in a measure necessitated by the advance in medical knowledge, none but a work of great excellence would have gone through so many in such limited time. This is the second time that the reviewer has had occasion to comment on a new edition of Stelwagon and he can but repeat his first statement—that nowhere will the practitioner find a more comprehensive or helpful text on dermatology.

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*THE PHYSICIAN'S DUTY TO THE PUBLIC.

THOS. PURSER M.D.,

McCOMB CITY.

In selecting this subject my purpose is to bring before this society, in some measure at least, the extent of our responsibilities in regard to taking care of and conserving the health of our fellow man. This is a day of conservation in many lines. We read daily of the conservation of the country's forests, mineral deposits, etc. The reason for so much agitation along this line is that our population is rapidly growing both from natural increase and by immigration from all parts of the world and we can no longer sit idly by while our resources are wasted or gobbled up by a greedy few and placed beyond the reach of the masses. The beginning of the end of plenty is in sight and the nation is awaking to a realization of the fact as never before, which awakening is expressing itself in a demand for conservation.

Our government spends millions of dollars annually in experimenting along agricultural lines, and is thus enabled to give out to the public information of great value, bringing to the producers much money and to the consumers blessings and comforts which would otherwise not be available. For example, the government is spending money to-day to teach the Southern cotton planter how to eradicate the boll-weevil, which is destroying millions of dollars worth of cotton annually. The government also spends much money on our rivers and harbors, to facilitate trade. It spends large sums in building a navy, and in numerous other ways too many to mention in this paper. This expenditure of the people's money is just and right, and the public is benefited to a very great extent; but the expenditure does not go far enough. It is probably sufficient through the channels above mentioned, but there is a channel which is sadly neglected. This channel, which is of greater importance than all others combined, receives less attention than the least of the others.

*President's address before the Tri-County (P-L-C) Medical Society.

"A nation's health is a nation's wealth", and funds may be spent to exploit mines, to conserve forests, to build harbors and canals, and to teach people to raise hogs; but unless the country's health is conserved and built up these other resources will be of little value.

What is the position occupied in this field by the physician? In my opinion, and I dare say in the opinion of all of us, the physician is at the helm and has power within himself to accomplish more than all other forces combined in the furtherance of the people's welfare. Wherever you see a people whose average intellect is not up to the standard, you will see a people whose health is below a certain standard. In other words, a nation's intellect depends in a large degree upon the health of its people.

It is our duty to educate the public to prevent diseases, as well as to treat them after they have become diseased. The time to educate them is not after they have reached old age, nor even after they have passed the minority, but while their minds are in a formative state. Of course much may be accomplished by educating the "grown ups", but much more prior to that time.

We have an excellent school system in this country, unsurpassed by that of any, but the system is sorely lacking in regard to the branch of the science of health, which is by far the most vital. At this day, when the prevention of so many diseases is possible, it is nothing short of criminal negligence to fail to include in every public and private school a department for the education of the children in the science of the prevention of diseases and the preservation of health. The teacher in charge of this department should be well trained for the work and thoroughly conversant with the subject, and his duty should be to lecture at least twice weekly to the schools, conduct quizzes, show charts, etc., and make this branch the most attractive in the school. Early impressions are the most lasting and the truths given a child while young will be a part of his knowledge as long as life lasts. By this training the child will be able in future years to avoid the dangers which would otherwise overtake him. This teacher should also have as part of his duty a regular and systematic inspection of the pupils, in order that those who are being injured by a continuance in schools could be excluded. I would also favor a separate school for those pupils afflicted with tuberculosis, a school supplied with special advantages for that class of patients. None of us would willingly allow our child to have a tuberculous deskmate or even occupy the same room with a patient suffering from the dis-

ease, but I doubt not that such is the case in every school of any size in the country. There are more diseases communicated in our schools than anywhere else, a fact well known to all of us, and yet we permit it to go on. Gentlemen, if we do not interfere in the matter, to whom can we look? We cannot look to our ministers, lawyers or school teachers, and experience has shown us that we cannot look to our legislatures. We have the information and it is our duty to disseminate it. The conditions existing are such as to demand a remedy, and the responsibility rests upon us to a large extent. How are we to proceed? We have sat with folded hands long enough. We seem to be oblivious to our surroundings and are allowing human beings by the score to be cut down annually by diseases which are wholly preventable. Of course we are in a large measure handicapped by a lack of funds with which to carry on the work. We are also worse handicapped by a lack or coordination among ourseives.

It is true that the medical profession is well organized all over the country, and this organization is accomplishing great things in the line of dissemination of knowledge among ourselves and in raising the standard of medical education. By coming together we learn many remedies and methods of curing diseases, also methods of prophylaxis and prevention are discussed, but this does not, in my opinion, serve the purpose that should be the aim of every physician: the education of the public so that each individual will be equipped with knowledge sufficient to avoid diseases as intelligently as he would avoid being run over by a railroad train. There are many diseases which can now be avoided with almost that degree of certainty.

I must say that much credit is due our honored ex-president of the Mississippi State Medical Association, Dr. D. W. Jones, for his able and untiring efforts to accomplish the enactment of medical laws by the last legislature. He was rewarded to some extent, but not as he should have been, the legislature not appreciating the gravity of the situation as a body of intelligent men should have done. Credit is also due some members of our State Board of Health for standing by Dr. Jones, but there are no compliments to be paid the rank and file of the medical profession of the state who sat with folded hands and allowed our officers to fight the battle alone.

It is with shame that we must confess that our state stands at the bottom of the ladder in company with only one other in the Union, that being Arkansas. These two states, instead of endeavoring to elevate the standard of medical education, have placed a premium on ignorance. Our laws permit any

man who can raise ten dollars to go before the State Board of Health for examination for license to practice medicine. He may never have seen a medical college or probably hails from some school of a well-deserved poor reputation. He is required to have no literary training except to be able to read and write. There is one consolation, however, in the fact that Mississippi has a board of health worthy of the name "examining board" before which it is practically useless for the undeserving applicant to present himself. In this connection, I wish to commend the present board for their missionary work throughout the state, which work will be far-reaching in its effect, as it is bringing to the attention of the people questions of vital importance to their health and happiness. This work is only in its infancy and it is to be hoped that future legislatures may be made up of men more ready to appreciate the importance of this work and who will appropriate more of the state's revenues to its propagation.

I feel that, as your president, I should not fail to refer in this address to the beneficent act of Mr. Jno. D. Rockefeller who, through his philanthropic spirit, is doing much toward the eradication of the hook-worm from the South. This is truly a great benefaction, which should stimulate every southern doctor to lend his personal influence toward the advancement of so great a cause.

We now have reason for encouragement because of the men in the field actually doing work, but we must not leave the task to them altogether. Every town, however small, should organize a civic league with the motto "clean up, beautify and keep well". This league should have regular meetings at which one number on the programme should be by one of the doctors of the town on some hygienic subject. Members should be given proper literature and be required to master lessons. These meetings should have social features to make them more attractive and an occasional lecture from some visitor well posted on subjects pertinent to the occasion would be advisable. With such an organization in every town in the state the people would soon become vitally interested in the subject and it would not be long before there would be such a change of sentiment that would cause the public to demand legislation and no one not in sympathy with the move would offer himself as a candidate for the legislature. We would soon find in our school and college catalogs, among other branches, the branch of hygiene and sanitation, and when a teacher came up for examination for a teacher's license a list of questions on the subject would be presented.

The county health officer occupies a position of vast responsibility, and yet as a general rule his duties are either misinterpreted or wilfully neglected. When there is a case of small-pox in his county he will probably isolate the case and vaccinate those exposed, or if any acute contagion develops he gives it attention, but he never does any lecturing or demonstrating. He should visit every school in his county, in order to teach the children those truths which I consider far more important to them than history, geography, etc. Of course this would require a great deal of time and the county health officer would be away from home frequently, but the sacrifice should be made in the interest of the people. Mississippi's county health officers are usually handicapped because of very small salaries but I dare say that in the majority of instances the remuneration is more than consistent with the services rendered. The best and surest method to get our boards of supervisors to give better salaries is for the health officers to get busy and show the necessity of the work. Let them do the work properly and the salaries will soon be brought to the right level.

The future stability of the government depends upon the children of to-day. We are moulding governors, senators, ministers, lawyers and men for every walk of life, and in order for them to be able to build the right kind of characters they must be supplied with healthy bodies. We, as a profession, can do more in one year than all the other forces combined would do in ten years. Let us not shirk our duty, but turn our energies toward the education of the public.

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*USES AND ABUSES OF QUININE.

F. M. BROUGHER M.D.,

BELEN.

To the Jesuit Priesthood in the land of the Incas belongs credit for discovering from the natives the virtues of Peruvian bark and its products. 'The Evil spirit planted the disease to afflict man.' The Great Spirit planted the tree and endowed man with intelligence to perceive his means of rescue. In this twentieth century day this same Great Spirit is moving man's intelligence to find the way to destroy outright the enemy which produces and carries the poison of malaria. Only partial results to this end have been obtained and the water beds producing mosquitoes and malaria have not all as yet been wiped

*Read before the Clarksdale and Six Counties Medical Society.

out. So we must needs still address ourselves to the correct use of drugs to cure what has not been prevented.

Quinine in its forms, sulphate, bisulphate, bi-muriate, etc., is our safeguard against malaria, the common enemy of this region. Its efficacy in other diseases, while claimed for pneumonia, typhoid and others, does not seem to be proven and I can find on curative place for quinine except as the one agent, the one specific with which to destroy the plasmodium of Laveran wherever that germ appears. Many times over we see the claim that quinine is an aborti-facient to pneumonia. If it has acted as such in pneumonia then there must have been malarial germs to destroy. After the first step of purgation, and the antipyric work instituted in pneumonia, the first day's work done, I can find no further indication for quinine, because we then want to pursue a treatment eliminative and systematically antiseptic.

In typhoid fever we do not need the cardiac depression which follows continued exhibition of quinia.

In the construction of a bitter tonic quinia may in small part be used to advantage. As an oxytocic or emmenagogue in its action upon uterine vessels I have found quinine bisulphate with guaiacol, a certain and safely reliable agent in the treatment of amenorrhoea in doses of fifteen to eighteen grains daily, in three parts, morning, noon and night, two or three days.

We are all familiar with the much-mooted question: shall we give quinine in the autumnal forms of malaria without first giving the calomel purge in heroic doses, or shall quinine be given at all during haemoglobinuria? Right here we are indeed passing betwixt scylla and charybdis. Dr. C. J. Marshall's paper, read at the March meeting, 1909, gave us much of the argument against placing the "cart before the horse" in showing the effect of deluging the blood stream with a surcharge of quinine where already the red corpuscles are under attack of malarial germs, the interference with renal functionation, the congestion and rupture of arterioles, etc., in the kidney.

The laity are prone to discard quinine in their own attempts of self-treatment of chills and fever and by their mistaken use of quinia build up an opposition to the family doctor's prescription of quinine, but on the other hand are quite ready to take any very muchly advertised chill tonic. They do not realize that the only virtue in any "chill tonic" depends on its proportion of quinine. I have often listened to talks on the dosage of quinine and been told that this or that doctor gives one hundred to one hundred and fifty grains of quinine

in a day to abort "slow fever", that anomalous term which I understand means a fever which can run into typhoid fever when not treated early enough with sufficient quinine to break it up. Or we may use the better name, typo-malarial fever, meaning double infection. To those doctors I would call attention to Dr. Elliott's paper on amblyopia and amaurosis caused by quinine read at the last meeting, at Jackson, of the Mississipi State Medical Association. In the discussion of Dr. Elliott's paper I was impressed with the remarks of Dr. H. L. Sutherland of Rosedale, Miss. He said that he had never seen amblyopia nor amaurosis resulting from his dosage of quinine. He supposes this is because he never gives any patient more than thirty grains in a day.

During 1908 and 1909 I saw two cases of amblyopia caused in one case, a young man aged twenty-eight years, by doses of two OO capsules of quinine given by a physician of prominence in another state; the other a young girl of nine years whose guardians had given her large doses of quinine four or five days in succession.

Let us learn correct uses of a drug and the correct conservative dose of same.

Owing to lack of knowledge of the technique quinine by hypodermoclysis has not become as popular as it deserves because of ulcers resulting.

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*THE DIFFERENTIAL DIAGNOSIS IN COMA.

A. K. NAUGLE M.D.

ABBOTT.

Coma is a term applied to a group of symptoms the chief of which is unconsciousness from which the patient cannot be aroused by external stimuli.

The face may be flushed, cyanosed or pale; the pupils contracted or dilated, evenly or irregularly, and usually show no response to light. The respiration is usually slow and deep, but may be rapid; as the coma becomes more profound it may become irregular or shallow.

The presence of the Cheyne-stokes or undulating type of respiration is a bad prognostic omen. The pulse may be slow and full, rapid and bounding or rapid and weak, later becoming irregular, which presages impending dissolution.

* Read before the Clay-Oktibbeha County Medical Society.

The remote causes of death are numerous and their action may be insidious, but for the actual or immediate cause of death in a given case we may look to the failure of one of the vital systems or organs to functionate.

Bichat in the latter part of the eighteenth century divided the causes of death into three classes: (1) Death beginning at the heart—syncope. (2) Death beginning at the lungs—asphyxia. (3) Death beginning at the brain—coma. And so far as I know this classification has stood the test of time. Coma may be produced by any agent capable of inhibiting or paralyzing the action of the conscious centers, coincidently the reflex and automatic centers of which every nervous system is made up are obtunded or paralyzed in proportion to the intensity of the action of the factors in each case.

The causes of coma are numerous and their action in some cases is not clearly understood.

For convenience an attempt will be made to classify the principal causes as to the manner in which they are thought to act. However, such a classification is arbitrary, as a given cause may act in more than one way.

(1) Those causes producing coma by an increase of intracranial pressure: (a) tumors, (b) tuberculosis, (c) syphilis, (d) external compression, (e) cerebral hemorrhage, (f) exudates of serum, pus or blood in the course of a meningitis or encephalitis.

(2) Embolism and thrombosis.

(3) Shock: (a) concussion, (b) contusion.

(4) Action of toxic agents; i. e., chemicals or bacteria and toxins: (a) alcohol, (b) uraemia, (c) diabetes, (d) opium, (e) malaria, (f) sunstroke, (g) influenza.

(5) Idiopathic causes; as epilepsy and hysteria. (?)

(6) In the terminal stage of all chronic wasting diseases coma may develop.

The symptoms of increased intracranial pressure may be focal or general, depending on the location of the cause; irritative or paralytic depending on the intensity of its action.

The focal symptoms are localized pain, spasms or paralysis.

General symptoms may be cephalalgia, giddiness or vertigo, somnolence and convulsions followed by unconsciousness, slow, full pulse and slow, deep and stertorous respiration from paralysis of palatine and pharyngeal muscles. There may be choked optic discs and the face is flushed or congested.

The symptoms of shock are rapid and weak pulse, quick and shallow respiration, pallor of the skin, copious cold perspiration and occasional vomiting. There may be complete or

partial loss of consciousness with or without loss of control of the sphincters.

The general symptoms of coma due to toxic agents are variable and the theories as to the mode of their individual action have not been verified. They may act by a selective inhibiting, paralysing or degenerative action on the cells of the nervous centers, by vasomotor changes causing edema of the brain or, as claimed in some cases, by the mechanical effect of the organisms in causing minute emboli in the radicals of the cerebral vessels.

Idiopathic causes are those in which the manner of their action has not been satisfactorily explained, i. e., epilepsy and hysteria, probably due to reflex inhibition.

The coma which develops as a terminal symptom in chronic wasting diseases is probably due to the alteration in the cortical cells of the brain from anaemia in quantity or quality of the blood applied to that organ.

There are certain symptoms common to all cases of coma, but an attempt will be made to call attention to special points or symptoms which are suggestive of certain causes.

The previous history of the case is in some instances indispensable to a correct diagnosis.

Tumors, if located in the silent areas of the brain, may be present for a long period without producting symptoms.

The first symptoms of tumor are usually those of irritation or paralysis of certain organs known to be supplied by certain areas in the brain, as localized twitchings or pain, ptosis, optic neuritis, atrophy, followed by general symptoms of increasing intra-cranial pressure, i. e., alteration in the temperament or mental power, headache, vertigo, nausea, vomiting, insonmia or convulsions.

certain areas in the brain as localized twitchings or pain, ptosis, optic neuritis, atrophy, followed by general symptoms of intrameriasma cranial pressure, i. e., alteration in the temperament or mental power, headache, vertigo, nausea, vomiting, insomnia or convulsions.

Pressure symptoms develop in direct ratio to the rapidity of the growth of the tumor.

Inflammatory or degenerative changes in the tumor may cause sudden symptoms of pressure and the development of coma.

Tubercular meningitis, where chronic, may produce symptoms identical with those of a tumor.

Fever, hyperesthesia and other symptoms of meningitis would likely present themselves at some time during the course

of the disease. This condition is much more frequent in young children.

Syphilis may also present some symptoms similar to those of tumor of the brain.

The headache, though fairly constant, is worse at night in syphilis; somnolence is marked and it may be possible to find remains of the deeper lesions of syphilis in the skin, or other manifestations of the disease. The coma usually develops gradually.

Compression by depressed fractures or foreign bodies may by increased pressure on the brain, irritation or inhibiting reflex action produce coma, but here we have the history or evidence of an injury followed by focal or general symptoms.

Cerebral hemorrhage is to be thought of in cases of coma occurring about the time of birth, during infancy and in patients over forty years of age. It is said to be infrequent between those ages.

Convulsions preceding coma are rare unless a cortical artery is involved.

There may be prodromes, but usually, without warning, the patient becomes dizzy, loses consciousness and falls.

The face is flushed, pulse full and slow, respiration slow, deep and stertorous, pupils may be contracted, but if hemorrhage occurs in area of third nerve one may be dilated. They do not respond to light.

The eyes may be rotated from the paralyzed side. The extremities are relaxed, more marked on the paralyzed side. If both arms are raised at the same time and let fall, the one on the paralyzed side falls limp at once, the other more slowly.

The urine or feces may be voided involuntarily or retained.

The temperature is subnormal but usually rises after a few hours. The age of the patient should be taken into consideration, the arteries examined for arterio-sclerosis and it should be ascertained, if possible, whether or not the patient is a victim of syphilis, chronic alcoholism, chronic lead poisoning or gout, or whether or not he has sustained a recent shock or undergone muscular exertion or strain.

Hemorrhage into the pons is accompanied with loss of consciousness as above, but in addition spasmodic movements are present, contracted pupils and a high temperature. The condition known as crossed paralysis may be present.

Hemorrhage may occur in any portion of the brain producing symptoms referable to the area involved, but from the frequency of the lesion in one of the lenticulo-striate branches

of the middle meningeal it has been termed by Charcot the artery of cerebral hemorrhage.

Hemorrhage from the middle meningeal usually produces symptoms of shock immediately on receipt of the injury which may pass off and consciousness return, to be followed after a few hours by a return of unconsciousness and symptoms of pressure. The injury may be on the opposite side to the hemorrhage.

Inflammations within the cranium may produce exudates of lymph, serum or blood which from the infection may become purulent.

Pressure from the exudates or the action of the inflammation on the cells may produce coma, but the symptoms of the condition preceding the comatose state will in most cases throw light on the cause.

Embolism and thrombosis may produce coma by anaemia or degeneration in the area of infarction, reflex inhibition or edema.

The onset of symptoms arising from an embolism is usually sudden, commencing with a period of convulsive twitchings or numbness followed by paralysis of the muscles supplied by the area involved with or without coma. The coma following an embolism usually passes off in a short time.

The presence of endocarditis, some acute infectious disease, profound anaemia, pregnancy or the possibility of the entrance of some foreign material into the blood vessels supplying the brain would be suggestive of embolism should the above symptoms present themselves.

Thrombosis usually produces headache, numbness, tingling, vertigo and drowsiness for several hours preceding the coma.

The victims of thrombosis are usually past fifty years of age. Syphilis, chronic lead poisoning, gout or arterio-sclerosis from any cause and fatty heart are predisposing factors.

Concussion of the brain is a condition caused by external violence from which there are supposed to be no macroscopic lesions of the brain substance. The symptoms are those of shock.

Contusion is the laceration of some of the smaller blood vessels of the brain with small hemorrhages as the result of external violence, the symptoms of which are those of shock, followed by the symptoms of intra-cranial pressure.

Acute alcoholism may produce a comatose condition, but the patient responds usually to some extent. After repeated efforts are made to arouse him he will in most cases grunt unintelligibly.

The odor of alcohol detected on the breath is of doubtful diagnostic value unless it can be ascertained that it has not been administered by a second party, as it is often used as a remedy in all emergencies.

The absence of paralysis should be verified.

The pupils may be unequally contracted or dilated, though they are, I think, usually dilated. There may be a sluggish response to light.

Temperature is subnormal.

Uremic coma is uusually preceded by the symptoms of nephritis: pale edematous face, especially the eyelids, edema of hands and feet and scrotum or general edema may be present.

Albumin and casts may be found in the urine.

The retinae should be examined for albuminuric retinitis.

The coma from this cause is usually preceded by convulsions. The breath has an ammoniacal uriniferous odor.

In diabetic coma the breath has a sweetish etherial odor due to acetone.

There is an absence of paralysis.

Sugar and acetone are found in the urine and betaoxy butyric acid, the cause of the coma, in the blood. Sugar in the urine may be produced by cerebellar hemorrhage. The previous history of the case, if obtainable, would be sufficient to differentiate.

Opium poisoning produces coma in which the pupils are at first markedly and equally contracted, but dilate just before death.

Respiration is extremely slow and deep; later it may be irregular. Deep cyanosis may be present.

Neither elevation of temperature or paralysis are found.

The odor of laudanum, the most frequent preparation of opium taken with suicidal intent, may be detected on the breath.

Symptoms of the comatose type of malarial infection depend likely, as in some other forms of coma, on the intensity of the poison and its action on localized areas of the brain.

The coma may be sudden in its onset or ushered in by premonitory symptoms which are usually somnolence, psychic depression, apathy or melancholia.

The face may be flushed, cyanosed or pale, eyes closed, partially open or staring and pupils dilated.

The eyeballs may be turned up or rotated to either side. The pulse is variable but usually regular. If irregular the coma is likely to terminate fatally.

Respiration is also variable, may be hastened and shallow or deep, slow and stertorous.

Specialized muscular spasms may occur during the attack and general convulsions may precede it..

The skin is usually hot at first, but later may be bathed in a copious sweat.

Same elevation of temperature is present, but the degree varies.

Coma from this cause is to be taken into consideration seriously only in those living or who have previously lived in a district infected with malaria.

The blood should be examined for the plasmodii of malaria and even when these are found it may be difficult under some circumstances to determine to what extent the symptoms are due to excessive heat or exposure to the direct rays of the sun, as this has been known to precipitate an attack of malaria in a patient previously infected and, too, the symptoms of sunstroke are similar to those of comatose malaria.

The coma seen in siriasis or sunstroke may develop suddenly while the patient is being exposed to excessive heat and death may follow in a short time, but usually it is preceded by vertigo, dizziness, headache or nausea.

The face is flushed, skin hot, pulse rapid and full, pupils at first dilated, later contracted, and the temperature excessively high; muscular twitchings or convulsions may be present as in malarial coma.

Malarial infection should be excluded. Puncture of the spleen is said to be justifiable and without risk if done under aseptic precautions should malaria be suspected and no organisms found in the peripheral circulation.

Influenza may be ushered in with marked cerebral symptoms in rare cases.

Giddiness, clouding of the sensorium, profound unconsciousness with high temperature may be the picture presented, and these, if the patient's vitality be strong, may quickly pass off, to be followed by the symptoms of an ordinary case of influenza. The condition is doubtless an acute intoxication of the brain by the presence of the influenza bacillus.

While this manifestation is rare, it should be borne in mind in connection with cases of coma arising during an epidemic of influenza.

Epileptic coma is preceded generally by the aura or premonitory symptoms, followed by a cry or some noise from the patient at which time he falls and passes through a stage of convulsive attacks during which he may lacerate his tongue, causing a bloody froth to issue from his mouth or may sustain other bodily injuries from the convulsions or fall. After the

convulsions pass off he passes into unconsciousness with congested face and noisy breathing.

The patient can usually be aroused in a short time, but if left undisturbed may sleep several hours.

It is doubtful whether or not the seeming or real unconsciousness produced by the condition known as hysteria should be classified among the conditions producing coma, but as this has given me some trouble in diagnosis which I shall never forget it might be well to go over some of the points to be looked for. The patient may be apparently totally unconscious; the respiration and pulse may be normal or accelerated; there is usually no elevation of temperature. However, an elevation may be present.

From the condition of the vital functions the patient does not appear to be in a serious condition. There is usually a history of preceding convulsions of a tonic character and of the presence of other stigmata of hysteria.

I am free to confess that I do not understand the nature of the alteration in the cerebral cells capable of producing symptoms at times so alarming. Nor have I ever heard it satisfactorily explained. I do know that some of the most exciting experiences in the course of my work have occurred in dealing with this very condition, and I will relate my first case as an example.

Those of you can better realize my feelings at that time who remember that period in your professional career just following the first death that occurred in your practice, when you began to take a serious inventory of your professional stock in trade and wonder whether or not you were real sure of anything. Every time you heard the not too familiar "Hello Doctor" you went forth with a sense of fear and trembling, expecting nothing better than a repetition of the recent event, to the serious detriment of your future prospects.

The case which always comes into mind when thinking of hysteria was that of a robust, apparently healthy female, white. aged about twenty-four years, married, no children; history of "hard spells" coming on about two hours previous. At that time was in a condition of apparent unconsciousness; every voluntary muscle of the extremities was rigidly contracted; hands closed, forearms flexed on arms and with all my strength I could not extend them. Temperature, pulse and respiration about normal.

I decided that there were no immediate symptoms of immediate dissolution, but I would not have been surprised to have seen them develop at any time.

After about four hours spent in busily doing things that did not amount to anything so far as I could see, and trying with all my power to find some clew that would help me to unravel the condition, hoping for an inspiration of some kind to help me do the best thing for her and trusting that Dame Nature, who had befriended me so often before, would clear up the condtion, I happily hit on the agent that acted as if by magic.

The family and neighbors had grown tired from constant vigilance and retired to the other end of the room. I was sitting a little distance from the bed, but where I could see every movement of the patient should she make any.

All at once I saw her gradually open her eyes as if to observe the surroundings and quickly close them. I felt as if an hundred brick had just rolled off my shoulders, for my diagnosis was made.

I informed the family that I thought I had a remedy that would bring her around in a short time and, opening my case for the most disagreeable medicine to taste I could find, I selected powdered aloes for this case.

I proceeded to prise her mouth open with a spoon and dust a small amount between her teeth, telling the bystanders that it was immaterial whether the patient swallowed the medicine or not, but that it would be necessary to repeat the dose every thirty minutes until the desired effect was obtained.

The effect was magical, for in a few minutes there were signs of returning consciousness to be shortly followed by a complete recovery.

I, relating this history, do not desire to convey the idea that all cases respond so readily to suggestion.

I believe that an injustice is done a great many of these patients in treating them as malingerers and not giving that careful attention necessary in a great many cases to determine and treat the underlying pathological process responsible for this condition.

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*WHY DOCTORS SHOULD JOIN THEIR COUNTY MEDICAL SOCIETIES.

G. C. PHILLIPS M.D.,

LEXINGTON.

We must come in contact with others of our profession, exchange opinions and ideas, wipe out old theories—if new ones prove them wrong—or re-establish them, if experience and scientific research prove them to be still the best. No professional man can afford to ignore the rest of the profession and, wrapping himself in a mantle of egotism, dream that what he does not know is not worth knowing; neither is it sufficient to trust entirely to keeping himself abreast with the profession through the medical journals, although they are a great help. The time has passed when all knowledge and learning is held in the brains of a few. The most marked characteristic of these times is the great effort being made to disseminate knowledge, and make all the world share in the inventions and valuable experiences of its individual members.

The doctor who depends entirely upon medical journals, and belongs to no medical society, is sure to stagnate. He must come in actual contact with his brother physicians, exchange ideas, opinions and experiences. In these associations each individual doctor adds his little experience and special trials and crosses.

The doctor of twenty, thirty or fifty years ago knew his medicine. He believed in rational therapeutics. He was not profoundly versed in the opsonins; his knowledge of chemistry was small and a third year student of to-day is a savant by comparison with him in matters biological, histological and physiological. But he knew what to do in the sick room. He gave medicine for effects; nor did he wait until some far off laboratory made a blood count, or a microscopical examination of the urine, feces, or stomach contents, but he went to work at once to relieve conditions, if nothing more than a brisk purge, or to relieve pain if necessary. The patient was generally benefited and grateful. He often can give the young doctor useful and practical points, gathered at the bedside of the sick in the many years' experience while the fresh and scientific doctor can give him the why and wherefore of many things he never understood before and was unable to account for. Thus in these meetings, if each will do his part, all will be benefited, our patrons as well.

*Abstracted from a paper read before the Holmes County Medical Society.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.
S. MYERS M.D., Business Manager.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

As the days begin to grow longer—and the nights, very naturally, shorter—the "section chairman" begins to grow uneasy and to pound the typewriter, and waste his energy in writing, and his substance in mailing, letters asking for papers for the April meeting. When these missives begin to fly about the state we wake to a realization of the fact that the cold weather is about half over and that spring isn't more than six weeks off. These forerunners of milder weather have been somewhat frequent of late, due no doubt to a request from the committee on scientific work that the "section bosses" have their programmes in the hands of the secretary by March 10th. This is a little bit earlier than usual, due to the fact that the committee has had a number of requests that the programmes be gotten out earlier. The variation of a few days can make little difference to the authors, since they are asked for the titles, not the finished papers, and the committee requests that all our members contemplating presenting papers forward their titles to the proper chairmen at the earliest possible date.

Owing to the reduction of the number of sections the probability is for a diminished programme, for from the multitude of our experience we venture the assertion that the average paper comes in response to a "squeal" from a friend, and since it is a well-known axiom that "two pigs under a gate" make more noise than one, it stands to reason that eight chairmen, who can squeal only four-sevenths as loud as fourteen, will land fewer papers. We beg the members to remember this and also to remember that a chairmanship isn't so much an honor as it is a job—a hard job to handle and no profit at the end of it. So let's all get busy and help out the chairmen for with our present prospects for increase in membership and a record-breaking meeting it won't do to have a "bob-tailed" programme.

Society Proceedings.

Clarksdale and Six Counties Medical Society held its annual meeting Dec. 14th. with an attendance of seventy. Fourteen excellent papers constituted the scientific program, at the conclusion of which adjournment was taken to the grill room of the Elks' Home where a delightful banquet was served.

L. E. Pierce.

East Mississippi Four Counties Medical Society met at Tupelo Dec. 13th. at 3 P. M.. The meeting was held at the courthouse. Dr. S. E. Eason of New Albany councilor of the Third District, was present and given the privileges of the floor. Dr. L. C. Feemster of Nettleton read a paper, the subject being "The Puerperium". This was discussed by Drs. Bryan, Durley, Gurney and Eason. Dr. W. C. Spencer of Verona presented a patient, male, thirty years old, suffering from vesical calculi. Dr. G. S. Bryan of Amory, member of the State Board of Health, read the monthly report of Dr. Leathers and his field men. Dr. Leathers reports monthly to each member of the Board of Health. The report verifies our suspicion that Dr. Leathers and his assistants are able, active and enthusiastic in their work. At this point Dr. Gurney of Tupelo rose and made a statement that he would be fully prepared by Jan. 1st. to do microscopical work and promised to examine and report on specimens sent to him very promptly. A vote of thanks was given Drs. Bryan and Feemster, Dr. Bryan for his kindness in reading the report of the lecturers, Dr. Feemster for his good paper. The retiring president, Dr. R. M. Boyd, read an essay upon what had been accomplished this year along with recommendations for the future. Nominations were now in order for officers for 1911. Drs. Keys, Spencer, Elkin and Boggan were nominated for the presidency, all from Lee County, it being Lee County's time to have the presidency. After a very exciting race, balloting four times, Dr. T. F. Elkin was elected president. The vice-presidents were elected as follows: C. B. McCown for Monroe, C. T. Keyes for Lee, J. C. Walker for Chickasaw, S. L. Nabors for Itawamba Dr. F. J. Underwood was elected secretary and treasurer. A vote of thanks was given Drs. Boyd and Underwood for their faithfulness during the year 1910. A motion prevailed that the time of our monthly meetings be changed from the 2nd. to the 3rd. Tuesday of each month. At this point we adjourned for supper in the parlors of the Read Hotel. After a very

pleasant hour spent at supper we were called to order in the hotel parlor by our new president, Dr. Elkin. The delegates chosen to represent us at the meeting of the State Medical Association were as follows: For Monroe: R. M. Boyd, Aberdeen, delegate; L. C. Feemster, Nettleton, alternate. For Lee: J. H. Green, Guntown, delegate; C. E. Spencer, Verona, alternate. Itawamba: Woody M. Reed, Tilden, or Fulton R. F. D., delegate; J. A. Hughes, alternate, Baldwyn R. F. D. Chickasaw: H. H. Goyer, Okolona, delegate; E. P. Wilson, Houston, alternate. The secretary was instructed to write each delegate at once. Dr. E. K. Guinn of Prairie R. F. D., Chickasaw County, was elected censor for three years to succeed Dr. Miller, whose term of office had expired. The other censors are: Dr. G. S. Bryan, Amory, who has two years yet to serve; Dr. T. T. Bonner, Tupelo, who has one year to serve. The society now adopted the retiring president's suggestions: (1) That a plan be formulated whereby our association may co-operate with the different teachers' associations in the territory in the dissemination of preventive knowledge. A committee of the health officers of the four counties was booked to look after this work. (2) The continuance of the course of study outlined by the American Medical Association, but that each of the papers for the entire year be assigned as early as possible and arranged by a committee on scientific work, as is done by Warren County (Kentucky) Medical Society. This work was intrusted to a committee of three, Drs. Boyd, Durley and McCown. (3) That the public meetings be continued; also the committees on public health. (4) That the first Sunday in May on which services are held in the different churches be designed as "Public Health Day", and that the pastors be requested to preach on some public health subject. Committees to be appointed whose duty it will be to see the pastors and furnish them with suitable literature for the preparation of their sermons. Drs. Bryan, Keyes and Gurney were appointed on this committee. (5) That plans be considered now for the building of a suitable home for the Association and for the preservation of its records. This suggestion was carried over to some future time when more members should be present. (6) That the records of the Association since its organization be put in proper binding for their preservation. A motion by Dr. Bryan, that the minutes be gotten in shape by the secretary and bound, prevailed. Those present and participating in the proceedings were as follows: Drs. Bryan, Elkin, Bonner, Keyes, Feemster, Boggan, Eason, Spencer, Durley, Boyd, Gurney, Foster, Green, McCown and Underwood. Dr. G. S. Bryan was

present and received an ovation at the hands of his many friends present. His administration was heartily endorsed and he was urged to become a candidate for re-election. Being a very modest man the doctor said that he would not be a candidate especially, but if his friends endorsed his administration and wanted his services for another term he would do his best to give all parties concerned satisfaction. This was enough. Drs. Feemster, Keyes and Boyd were appointed as a campaign committee to look after our man's interests. The members were delightfully entertained by the Tupelo men. At 10 P. M., after having been in session almost continuously for eight hours, we adjourned to meet in regular session at Houston on the third Tuesday in January at 2 P. M., the meeting day being changed from the second to the third Tuesday by vote.

F. J. Underwood.

Holmes County Medical Society held its annual session in Lexington on the 10th. and 11th. of January. There were present: Rogers of West, Byrd of Bowling Green, Barksdale of Winona, Turnage of Marksville, and Doty, Phillips, Baker, Jordan, Jordon Jr., Moore, Hobbs and Eggleston of Lexington. The society decided to return to the old way of having meetings once a month instead of quarterly and hereafter will meet on the second Tuesday of each month. Also it adopted the post-graduate course of study as outlined by Dr. Blackburn and recommended by the American Medical Association. The following papers were read: "Medical Treatment Of Appendicitis" by Dr. J. W. Jordan, "Surgery Of The Appendix" by Dr. Barksdale, "Riggs Disease" by J. W. Jordan Jr. D.D.S., "Cause And Treatment Of Uterine Hemorrhage" by Dr. Eggleston. Elected officers for this year: Dr. Derrick, president; Dr. Doty, vice-president; Dr. Eggleston, secretary-treasurer; Dr. Phillips, censor; Drs. Foster and Pollard, delegate and alternate. Dr. Jordan, member of the auxiliary legislative committee.

S. A. Eggleston.

Election of county officers for 1911 have been reported as follows:

Adams:—J. W. D. Dicks, president; J. S. Ullman, secy.-treas.; R. D Sessions, delegate—all of Natchez.

Attala:—J. H. Portwood, president; J. W. Allen, secy.-treas.—both of Kosciusko.

Claiborne:—W. D. Redus, president; G. W. Acker, secy.-treas.—both of Port Gibson.

Clarke-Wayne:—J. A. McDevitt, Shubuta, president; Albert Hand, Shubuta, secy.-treas.; J. F. Pou Jr., Waynesboro, and J. T. Hosey, Enterprise, delegates.

Forrest:—J. D. Donald, president; C. C. Hightower, secy.-treas.; I. H. C. Cook, delegate—all of Hattiesburg.

Jackson:—W. E. Sharp, South Pascagoula, president; J. N. Rape, Moss Point, secy.-treas.; J. S. Sanders, Pascagoula, delegate.

Jefferson:—J. C. McNair, Fayette, president; J. H. Carradine, Fayette, secy-treas.; S. R. Towns, Union Church, delegate.

Pearl River:—Fred. Horne, Carriere, president; J. A. McCoy, Picayune, secy.-treas.; R. F. Nimocks, Poplarville, delegate.

Washington:—W. L. Howard, president; B. T. Orendorf, secy.-treas.; O. W. Stone, delegate—all of Greenville.

Letter to the Editor.

Biloxi, Miss., Jan. 14th. 1911.

To the Editor of the Mississippi Medical Monthly:

Dear Dr. Howard:

The Medical Practice Act in Mississippi is far from satisfactory. It does seem to me that our profession is very derelict in its duty in failing to take up with the Legislature and push to a favorable conclusion an act governing the practice of medicine in this state, which would raise the standard of requirements and also to enable our Board to take up to the fullest possible extent the question of reciprocity with other states.

Just a few days ago, I received a letter from one of the finest doctors I have ever known in my life; a man who is the very embodiment of highest Christianity; whose entire life has been spent in most arduous professional work; and one who has never failed to respond to any call of public duty.

This man's condition of health necessitated his going to another state, where he cannot make a living doing the only thing he has ever done throughout his entire life, namely to practice medicine. He is unable to practice in that state for the reason that they do not reciprocate with our state. The physician in question feels that he is, and he probably is unable

to stand such an examination as is presented to an applicant for license. His physical and mental condition prevents his making such study as would enable him to successfully pass the board, without considerable risk to his health. This man has been a member of the State Board of Health and is in every way qualified to practice medicine where he is, but is unable to do so.

The younger men in the profession who have graduated within the last ten years could pass a State Board without very much hardship, but to this man who graduated twenty or thirty years ago such an ordeal is more than a hardship and is a marked injustice.

This is only one of the many questions involved in the improvement of this law, but it is an important one. Any act which brings such hardship upon a member of the profession should have steps taken towards remedying it.

With best wishes,

Sincerely yours,

H. M. Folkes M.D.

Personals.

The many friends of Dr. H. L. Sutherland will learn with regret that he suffered a slight cerebral hemorrhage Dec. 30th. For the present he is confined to the house but nothing can cloud the great brain and high hopes and he is looking forward to occupying his customary seat in the Medical Association in April.

Dr. W. B. Johnson has removed from Rosedale to Greenville.

Dr. M. O. Shivers has left Greenville and gone to Colorado Springs, Colo.

Dr. L. B. Austin, for the past three years assistant surgeon at the State Charity Hospital at Vicksburg, is now associated with Dr. Sutherland in Rosedale.

Book Reviews.

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN
By Harry Sturgeon Crossen M.D., Professor of Clinical Gynecology, Washington University, Gynecologist to Washington University Hospital, etc. Second edition, revised and enlarged, with 754 engravings. C. V. Mosby Co., Saint Louis, Mo. 1910. Price $6.00.

In this work Professor Crossen may be said to have said the last word on gynecology. In fact, every detail is so thoroughly illustrated and made so plain that it is impossible to see how, unless revolutionary discoveries unthought of, now are, that anything can be added to this book. It begins with a chapter devoted to the methods of examination which is full in every detail. The chapter on gynecologic treatment with the indications for treatment plainly pointed out is exceedingly well written. The chapter on disturbance of function is the most thoughtful one in the book, and will appeal more to the general practitioner who has to meet this disturbance first. The only fault we can find with the book is the printer's fault, the use of too large display type which detracts from the dignity of the printed page. The illustrations are fine and a credit to the publisher. MYERS.

A MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR By E. Baldwin Gleason, M.D., Professor of Otology at the Medico-Chirurgical College, Philadelphia, Second revised edition. 12mo of 563 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Flexible leather, $2.50 net.

The second edition of this handy little volume has been brought up to date by numerous changes and additions to the text of the former edition. New work has been added on the tonsils and adenoid structure with new sections on membranous rhinitis, Ludwig's and Vincent's anginas, complications of middle ear suppuration and climatology. It is a book that is recommended especially to the general practitioner and to students of medicine and as such is thoroughly satisfactory.

M. H. BELL.

PRINCIPLES OF THERAPEUTICS By A. Manquat, National Correspondent to the Academie de Medicine. Translated by M. S. Gabriel M.D. D. Appleton & Co., New York. Price $3.00.

Though not altogether entitled to rank among the six-best-sellers, not being in the class of books that one cannot lay down until finished, for it is certainly heavy in spots, this little volume may well be studied by all of us, particularly appealing to the new graduate and the man who has been in practice more than a decade. The beginner, very naturally, knows it all and will be saved some hard knocks by being taught his limitations, and the average practitioner of ten or more years' standing is sadly in need of therapeutic ideas—other than his few tried formulae and the suggestions of the "detail men". Do not imagine, however, that the book is a collection of formulae—it

is a discussion of what its title imports, the principles of therapeutics, and is done in a way that appears as unique as it is interesting.

PRACTICAL MEDICINE SERIES—VOL. IX SKIN AND VENERAL DISEASES Edited by W. L. Baum M.D. and H. N. Noyer M. D., Year Book Publishers, 40 Dearborn St., Chicago. Price $1.25.

This collection of abstracts and extracts of the year's literature on the subjects indicated in the title would be well worth the price if it contained nothing more than the pages devoted to "606", concerning which so much has been said in the past twelve months. The literature quoted is remarkably well-balanced and if carefully conned will save some of us a world of retrospective regret.

THE PRACTICE OF SURGERY. By James G. Mumford, M. D., Instructor in Surgery in the Harvard Medical School. Octavo of 1015 pages, with 682 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth $7.00 net; half morocco, $8.50 net.

Although the author of several books of less formidable proportions, this is Dr. Mumford's initial entry in his present field and he has adopted a system all of his own. He takes up surgical conditions in the order of their "interest, importance and frequency", as he sees them. Such a departure from customary rules has no advantages, so far as the reviewer can see, as it takes the book out of the class indicated by its title "Text-Book" and places it in a position where such name as "Surgery as seen by Mumford" would be a better title. The result is that the book is far better suited to the man who devotes the greater part of his time to surgery than to him who does only what he meets in the day's work of a general practitioer. Another freak is the introduction of a section on gynecology—good enough in its place but decidedly out of place here. There is nothing of the principles of surgery—asepsis, preparation of the patient, etc.—so that the medical student, who needs such things most of all, will be disappointed.

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RETIRING PRESIDENT'S ADDRESS TUPELO MEETING EAST MISSISSIPPI FOUR COUNTY MEDICAL ASSOCIATION, DECEMBER 13TH, 1910.

R. M. BOYD M.D.,

ABERDEEN.

Instead of attempting to present a paper on a scientific subject, I desire to give a synopsis of our work for the past year, with a few suggestions for the good of the organization.

The work of our association for the past year is very gratifying. Every meeting held was a success, one or more valuable scientific papers being read, with interesting discussions on each occasion. Clinics have been presented at the majority of the meetings which have aroused much interest. The social features of all the meetings have been delightful. We have learned to know and love one another better and good fellowship has prevailed. At no time in the past have the physicians of this section been bound together in such common ties of friendship. The retiring president has made an earnest effort to harmonize all differences and discord and is glad to say that he has been reasonably successful.

There is no doubt that the post-graduate course as outlined by the A. M. A. for component societies is a decided improvement over the plan pursued last year. The fact that we have had from one to three papers at every meeting proves this conclusively.

As a power in organizing medicine and as a disseminator of useful knowledge for the public, our association has been unusually efficient for the past year. It was decided early in the year to have a public meeting in each of the four counties, to which the general public was to be invited and prominent speakers to discuss preventive measures. All of these meetings were held as planned and were successes. In conversation with a number of prominent people I am convinced that the masses are truly grateful for these meetings.

About the same time our association appointed in each county a committee on public health, consisting of the county

health officer and two other prominent physicians, whose duty is to look into the condition of all public buildings, markets, slaughter pens, etc., that threaten the public health, and report to the association annually. Up to this time we have received no reports from these committees, although we know of instances where good has been accomplished.

It is a reasonable claim that our association was the most active of all the other component organizations in the fight before the last legislature for such legislation as our profession and the poeple deserved. Letters were addressed to each senator and representative from our four counties before the legislature met, urging them to look with favor on public health legislation. These letters were followed by a stream of others from our members and there is absolutely no doubt that great good was accomplished. It has been said by one of our representatives that if all the physicians had worked as hard as we did, our legislative program would have gone through.

At a recent meeting a note from our association succeeded in ridding one of our towns of a quack who was prescribing without license. I mention this because I consider it a great service to the community and would not have been accomplished without organized medicine. We are now undertaking to stop counter-prescribing and drug-store surgery on the part of the different drug stores in our territory and a conservative plan has been mapped out which I am sure will at least mitigate the evil. I respectfully submit the following suggestions for your consideration:

1. That a plan be formulated whereby our association may co-operate with the different teachers' associations in the territory, in the dissemination of preventive knowledge.

2. The continuance of the course of study outlined by the A. M. A. but that each of the papers for the entire year be assigned as early as possible and arranged by a committee on scientific work, as is done by Warren County (Ky.) Medical Society.

3. That the public meetings be continued, also the committee on public health.

4. That the first Sunday in May on which services are held in the different churches be designated as "Public Health Day", and that the pastors be requested to preach on some public health subject. Committee to be appointed to see the pastors and furnish them with suitable literature for the preparation of their sermons.

5. That plans be considered now for the building of a suit-

able home for the association and for the preservation of its records.

6. That the records of the association since its organization be put in proper binding for their preservation.

In conclusion allow me to thank our efficient secretary for his self-sacrificing work, the rank and file for their hearty cooperation in every way, and above all for the honor conferred on me by having been your president. It is with a feeling of sadness that I return the honor to you. My heart is in the organization, and I earnestly pray that when the retiring president is forgotten, that He who tempers the bleak winds to the shorn lamb may preside over its destinies, and that it may continue to do great service for our people and that its teachings may instil those principles into the hearts of those laboring in the profession I love so well and that they may attain the attributes of the perfect physician.

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*INFANTILE DIARRHOEA.

S. D. AUSTIN M.D.,

DURANT.

The treatment of diarrhoea in children is one of the problems that gives the physician a great deal of concern, as the mortality in this disease is greater than in all other diseases affecting infants. As I conceive the disease it is well to consider briefly the digestive tracts of the infants, which applies also to the older children only in lesser degree, and it gradually partakes of the adult type.

Owing to the undeveloped salivary glands, the secretion ptyaline in the infant is absent or else very feeble, insufficient to convert the starches into their ultimate end product—maltose.

The gastric juices contain in addition to the hydrochloric acid and pepsin a milk curdling ferment—rennet.

The liver and its secretion seems to be more important in the infant than in the adult, judging from its proportionately greater size. The bile is a purgative, antiseptic and an emulsifier of fats in the presence of the pancreatic juices.

The secretions of the intestinal glands play an important part in the process of digestion. Some investigators seem to think that they secrete an ensyme that will split the sugars.

* Read before the Holmes County Medical Society.

We will, owing to the broad field and several forms of diarrhoeas, discuss only one form and that is the fermentative or green type. First, the etiology must necessarily be briefly reviewed. If for some one of the many reasons, such as chill or some one of the putrefactive organisms, the lactic acid bacillus or oidicum albicans it makes no difference which, this putrefaction sets up the decomposition of the proteid element of the food, the elements of hydrogen, oxygen, carbon, nitrogen are set free and by the uniting of the carbon, hydrogen and oxygen lactic acid is formed. In the adult the lactic acid is a necessary part of the digestion and when the secretion of normal hydrochloric acid reaches a certain per cent. the lactic acid is overcome and these putrefactive processes create an excess of lactic acid. The free elements sulphur and hydrogen unite to form sulphuretted hydrogen gas, leaving more or less free oxygen to pass with the excessive acid contents of the stomach into the bowel, with the great quantities of mucus that the stomach has secreted in its effort to neutralize the hyperacidity. After passing into the bowel it does not meet a sufficient amount of bile to render the contents alkaline—here, as in the stomach, more mucus is secreted in effort to neutralize the acid contents —the free acid formed in the stomach is now present in the bowel, and by its power of slow oxidation the bilirubin is converted into biliverdin, which is the green element of the stools. If the attack is a mild one the peristalsis removes the offending material, the liver regains its normal function, and all is well with the sufferer. On the other hand if the cause is supplied the putrefactive process goes on and we have established the vicious cycle, and the liver, as well as the other secreting glands of the tract, are very much more depressed and the normal function suspended and there follows a chronic diarrhoea with ulceration, with mucus and shreds and blood in the stools.

The tumefaction and pain is caused by the expansion of the gases and to a certain extent the peristalsis is increased by this same expansion. The watery elements of the stools are poured into the bowel from the dilated vessels of the mucosa, nature's effort to wash away the offending material, thus the extreme thirst, from this loss of water, and other symptoms from the same cause.

Treatment resolves itself into prophylactic, dietary and medicinal. Prophylactic treatment of course begins by anticipating the attack, insist on the natural way of feeding—the breast-fed infant is very seldom attacked—"a little human milk", hygienic surroundings, weaning the child in the event the mother becomes pregnant, dressing to suit the excessive heat

of summer, and frequent cool baths to stimulate the skin to activity to balance the temperature.

If for any reason the child has to be weaned from the mother and cow's milk substituted, the curd or proteid element of the milk will be cause of the trouble unless we so treat the milk by dilution and the combination of some element or elements to assist the rennet to break up the curd for the action of hydrochloric acid and pepsin. In sodium citrate we have a very valuable drug that renders the proteid element of cow's milk more flocculent, assisting the rennet in this manner toward digestion. Or, if we have to use some of the patent infant foods that contain starches, we have a valuable aid in the administration of malt. We have seen that an infant cannot digest starches, because the ptyaline is not capable of performing its function in the infant as in the adult. The routine treatment of administration of barley water is a practice that should be condemned—it contains starches—and we have just seen the infant is not capable of digesting starches in health, and the feeding of starchy foods in sickness, when all the functions are in abeyance, is the worst thing that could be done toward the recovery of the child, for in this way we set up the vicious cycle.

If the infant is breast-fed and diarrhoea sets up, withhold all food for several hours, giving only water, pure but not sterilized—a small amount of egg albumen water—and, if the child is older, we may add beef broth, fresh fish, oyster soup and chicken broth made by beating up bones with the flesh. I believe that here is a good place to say something about sterilization of both food and drink for the sick. I believe that the pendulum has swung too far in this respect and that when we allow the idea of absolute sterilization to dominate the field of treatment, right there we make a most grievous error. In our daily practice and in the homes we visit we find the conveniences for sterilization not very good, and the mortality is much lower in private practice than in hospitals where the sterilization of both food and water is carried out to the letter. Every one of us has noticed the fondness of the infant for dirt and dust. We have all seen the little ones scraping around in the corners of the rooms, getting both fists and face dirty and in a few minutes have the same dirty fists in their mouths, sucking them—and the little fellows are healthy, rosy and happy. I have two children in mind. One was suffering from the after-effect of green diarrhoea and the other one from a combination of causes and diarrhoea was one of the troubles. I ordered them taken out in the sun and dirt and in a few days a radical change was seen, and in a few weeks their cheeks were rosy and now

their health is excellent. Was it the sunshine or dirt? I think it was the combination of the two. All dirt contains the saphrophytic bacteria and they are as necessary as the food they take. They are the natural enemies of the pathogenic organisms. Perhaps some day we will see the pathogenic diseases treated by the administration of saphrophytes or their products.

Medicinal treatment consists in repressive and eliminative measures. The repressive treatment consists in the administration of some preparation of opium or some other narcotic or astringent. The administration of opium dries up the secretions of the liver and the intestines and so we lose nature's great antiseptic, purgative and digestant, and, failing to act upon the inhibitory nerve centers so as to contract the walls of the blood vessels so as to stop the flow of serum in to the bowel, the peristalsis is checked and the waterlogged condition of the bowel is kept up and we have defeated the ends of nature and accomplished nothing in the way of cure, while on the other hand we have paved the way for ulceration and chronic diarrhoea. The eliminative treatment consists in unloading the bowels with an initial dose of castor oil, stimulating all the secretory glands to activity, rendering the remaining contents of the bowel antiseptic by the administration of a dose of calomel or gray powder and afterwards a one-twenty-fourth grain of podophyllin. If the attack is a mild one this is all that is necessary. If the attack is a severe one we must resort to a more routine treatment. I am in the habit of following the eliminative treatment by the administration of rhubarb, soda and golden seal. I get the eliminative effect of the rhubarb, the neutralizing effect of the soda and a stimulating effect from the golden seal, checking the water-logged condition of the bowel.

For the pain in the bowels from excessive peristalsis, the application of heat is excellent. The little one's strength may be kept up by the administration of brandy, raw eggs, etc.

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* AUTO-INTOXICATION.

E. J. HUDSPETH M.D.,

PHEBA.

Auto-intoxication, or infection from within, is a direct result of the devolopment of pathogenic properties in bacteria normally in the intestines or poisonous substances produced by chemical changes in the food elements through the agency of

* Read before the Clay-Lowndes-Oktibbeha County Medical Society.

bacteria, which, although habitually present in the intestines, are not active.

The changes in the action of bacteria and in the nature of their products is dependent upon imperfect digestion and delayed absorption, and the nature of the poison produced by the action of intestinal bacteria is not definitely known. There is, however, considerable evidence that the most of them are acid in character, and the conditions are concluded by some as acid intoxications.

Streptococci and staphylococci may be associated with both, the mild or severe forms or either may be present without the other. The clinical type may, or at any rate seems, to depend less upon the variety of the bacteria than upon the virulence of the infection, and other conditions, such as the state of the mucous membrane, nature of intestinal contents and resistance of patient.

The predisposing causes are local and general. The general are: age, feeble constitution, unhygienic surroundings and a condition of general malnutrition dependent upon imperfect digestion, improper food or feeding.

The most important local cause is previous derangement of digestion and, in consequence of undigested food in the stomach or intestines, there are furnished conditions in which bacteria, previously present in small numbers, may multiply; or those previously present, as saphropytes, may become pathogenic; or bacteria may be ingested with food requiring only absorption to produce their effects.

The pathology may be briefly described as a superficial catarrhal inflammation affecting the entire gastro-intestinal tract, although varying in intensity in different regions and different cases. Of other organs affected in severe and prolonged cases may be mentioned the kidney, which undergoes acute degeneration and a diffuse and acute nephritis. Degenerative changes are also found in liver cells and nerve centers.

In the milder form the condition sets in gradually, little or no fever and slight or no alarming gastric disorder. The patient is peevish and fretful, while the stools are normal, and the patient is allowed to go on for several days until the stools become more frequent, thin, green, greenish yellow or brown, always containing undigested food, after which they become very offensive and contain mucus. The patient becomes pale, the limbs grow soft and flabby, he loses his spirit and becomes fretful, sleeps badly and gradually loses weight. Severe symptoms may supervene at any time and the attack become of the severest type.

In cases developing suddenly the attack may begin abruptly in a previously healthy child. The patient becomes restless, cries and moans, sleeps but a few moments at a time and seems to be in distress. The skin becomes hot and dry and the temperature rises rapidly to 102° F. or 104° F., the patient becoming excited and restless, and convulsions may ensue; or the symptoms may be of a different type: general relaxation, weak pulse, sunken eyes and coma. There is usually great thirst. Vomiting is one of the earliest and most important symptoms. It is at first food, often that which is taken several hours before, retching even after the stomach is empty, so that mucus, serum and sometimes even bile is ejected. However, in some cases it is altogether absent.

Diarrhoea is sometimes delayed for twenty-four hours and in some cases is absent entirely. However, cases with constipation are rare, but are considered very puzzling and serious.

At first the stools are foecal, each action being attended with much flatus, with the expulsion of a thin, yellowish material very offensive in character and, as some say, aiding materially in making diagnosis.

The characteristic features are the gas expelled, the colicy pains preceding action and the foul odor. Under the microscope the stools are found to contain colon bacilli in diminished numbers, while many new forms, chiefly groups of cocci and chains, are present.

In many cases after free bowel evacuation a drop in temperature may be noticed, due to elimination of poisons, toxins or ptomains, also subsidence of the nervous symptoms and natural rest is resumed.

Under the most favorable conditions, after one or two days the patient may go on to a rapid convalescence. The stools continue abnormally frequent for several days, but gradually assume their normal character. The urine is scanty, contains albumin and also hyalin and granular casts, due to degenerative changes in the renal epithelium as a result of irritating toxins.

Not infrequently it happens after the storm of the acute attack with its high temperature, extreme prostration and severe nervous symptoms has passed, and the stools are much improved and the patient regarded out of danger, that all the former symptoms develop with such severity and intensity as to carry off the patient in from twelve to twenty-four hours. Such symptoms are due to a reinfection of the intestinal tract, generally the result of an error in feeding.

In the grave or severe type the symptoms usually set in abruptly, and a child who is not considered ill enough to have

a physician is possibly within four or six hours of death's door. Uusually there are general symptoms, such as steady rise in temperature, which may reach 105° F., and great prostration. Vomiting and purging may be the first symptoms to excite alarm. Should vomiting subside it is almost sure to begin anew on taking food or drink. The stools are from twelve to twenty in half a day, pale green, yellowish or brown, finally becoming serous in character, practically odorless and colorless. The reaction at first is acid, later neutral and may become alkaline. These symptoms become greater in severity, the prostration becomes greater, the eyes are sunken, half-open, covered by a mucus film, the features are sharpened, the angles of the mouth drawn down and muscles of the neck are drawn back, cold, clammy skin and absence of radial pulse. Depressed fontanel (in young chidren), peculiar pallor, stupor, coma, convulsions and death.

In cases going on to recovery the vomiting usually ceases first; then the stools become less frequent, contain more solid matter and have more color.

Improvement in pulse, fall of temperature, subsidence of nervous symptoms are favorable indications.

Atttacks of acute auto-intoxication cannot always be differentiated from those of acute indigestion, but as a rule are characterized by higher fever, greater disturbances of the nervous symptoms, very offensive stools and greater prostration.

Simple cases do not often prove fatal—only in very young children already suffering from malnutrition. Such patients are often overcome in the first stage of auto-intoxication; even apparently mild attacks may prove fatal and a guarded prognosis should always be given. Of the gravest type it has been estimated that seventy-five per cent. die.

The treatment may be divided into dietetic and medicinal.

During the early stages the digestion is in acute cases entirely arrested and to give food at this time manifestly can only do harm. Food should be withheld so long as vomiting continues, or at least twenty-four hours. Thirst may be allayed by giving frequent but small quantities of cold whey, thin barley water or albumin water. Stimulants may be added if required.

It must be remembered that we are not treating an inflammation of the stomach or intestines, but such may be the ultimate result. The essential condition, it should be remembered, is one of intoxication arising from the intestinal contents. Food remains from arrested digestion, altered secretions, acids and toxic products produced by bacterla. Therefore, we can hardly

do better than to assist nature—empty the stomach and intestines, neutralize the acid poisons if possible.

The main indications to meet are:

(1) Empty stomach and intestines.

(2) Neutralize the effect of poisons on the heart and nerve centers.

(3) Supply fluid to the blood to make up for the very great drain of the discharges.

(4) Reduce the temperature.

(5) Treat special symptoms as they arise.

For the first indication we must rely on mechanical means, stomach washing and intestinal irrigation, for there is no time to wait for the action of cathartics. To neutralize the effect of poisons on the heart and nervous system nothing is more efficient than the hypodermic administration of morphine and atropine. Morphine is contra-indicated where purging is slight or has ceased and when there is drowsiness, stupor or relaxation.

To supply fluid to the tissues and blood the only thing that can be done is to inject normal salt solution into the cellular tissues of the abdomen, buttocks or thighs. At least half a pint should be given every twelve hours.

Only baths are to be relied upon for the reduction of temperature. To be efficient they must be given frequently and last from fifteen to thirty minutes.

Stimulants must be given as indicated.

To clear out intestine calomel, castor oil or other salines must be employed. There is little danger of too free purgation. Colomel in one-quarter-grain doses should be given every hour up to four or eight doses, to be followed by a laxative, castor oil being preferable as it causes but little griping and the after-effects are soothing. The dose should be from two drachms to one ounce.

Repeated cathartics are important in later treatment where there are signs of an accumulation of fresh symptoms of intoxication.

Irrigation of the colon is of much importance as it hastens the effect of the cathartics and removes much of the offensive material. This should be done two or three times daily.

The various antiseptics such as the sulphocarbolates, salol, etc., are extensively employed but seem to be of little or no avail.

During convalescence the strictest hygienic and dietetic measures must be employed.

*MALARIAL HEMOGLOBINURIA.

M. L. POLLARD M. D.

THORNTON.

This dreadful disease which has been cussed and discussed more than any other disease that we have to contend with was quite prevalent in the Delta a few years ago. Later, since we have found out something about the mosquito and drinking water, and people have learned how to clean up, this disease is not so prevalent. Judging from reports that come in from different parts of the Delta, this disease is more common in some localities than in others. This writer has been practicing eight years in the Delta, and during that time he has passed through some years without seeing a single case. My practice during this time I think would compare favorably with most country doctors' in volume.

Some of my neighbors have probably treated more cases than I have. The fear of this disease has done more to arrest and prevent the development of the Delta section of our state than all other causes combined.

As to the diagnosis, it is easy. The patient has a chill, his temperature rises rapidly after the chill to 100.5° F. or higher. A few hours after the chill, when the patient voids his urine, he passes the characteristic black, bloody urine. In other cases the patient may have an intermittent or remittent fever for several days, then develop a case of hematuria. These cases that have this fever for several days and then develop this trouble could be prevented by proper treatment. As to this treatment, to give or not give quinine has been the bone of contention for several years. Some of our leading lights in the profession are opposed to giving quinine, while some of our leading clinicians are in favor of giving it.

Some of our most celebrated microscopists claim that the condition of the blood with the broken-down blood corpuscles destroys the plasmodium malariae and quinine is therefore contra-indicated. If this disease is caused by malaria, and we know that it is, why not give quinine? We know that quinine is indicated as much in malaria as potash and mercury is indicated in the treatment of syphilis. We want to do what is best for our patient, so we go on and give him quinine. Of course the most important point in the treatment is elimination. When we say elimination we think of the old stand-by, and our best friend, calomel. There is no danger in

*Read before the Holmes County Medical Society.

giving it in too large doses. Stimulation and elimination are the main points in the treatment. This is a self-limited disease and if we can succeed in keeping the patient alive for three or four days he will generally get well. I mention turpentine in the treatment of this trouble only to condemn it. I have had three attacks of this trouble myself. The best plan of treatment is to first open up all of the channels of elimination and keep them open. One of the greatest dangers is suppression of the urine. This condition is often brought about by giving such violent diuretics as turpentine. One patient I had last summer I saw the day after he had his chill and his temperature was one hundred and seven and a half. He was a negro man about twenty-five years of age, ginger-cake color. He lived four days. I believe if he had gotten the proper attention he would have recovered. It has been said that negroes never have this disease. There was one in my practice two years ago who was as black as black could be, aged seventy years. He had two attacks in as many months. He died with the second attack. While this disease is not so common among negroes, they do have it. Instead of quinine bringing on this trouble it could often be prevented if quinine was given in time.

I have always given quinine and think I shall in the future unless the anti-quinine brigade bring forth better objections to giving it than they have in the past. Osler passes this subject up with about a dozen lines.

The stomach is generally in such a condition that it is useless to try to administer quinine by the mouth. It is best to give the stomach as near absolute rest as you can. Give your quinine hypodermatically. It is necessary in this disease, like pernicious malaria, to quininize your patent as soon as possible. It has been my habit for the last few years to always carry one of the soluble preparations of quinine with me. You never know as what time you are liable to run across one of these malignant forms of malaria. When you need a soluble form of quinine you need it bad. Hyposulphite of sodium has been used pretty extensively in the treatment of this trouble. The users of this drug claim that it turns loose a lot of free sulphurous acid in the blood, destroying the plasmodium. The chief objection to this drug is that it is not likely to be tolerated by an already nauseated stomach. The patient in the beginning may or may not have constipation. Algid symptoms may be present. The pulse rapid and weak, the surface of the body cold and bathed in cold perspiration, stupor, coma or convulsions, hemorrhages from the bowels, constant hiccough, involuntary evacuations of feces and delirium closes the scene. As

to the diet of the patient, it is hardly worth while to worry about that, because he will take little nourishment for the first four or five days and what little nourishment he does take will not be retained. The last attack the writer had he vomited every time he took medicine, nourishment or anything else for the first four or five days. In view of the fact that nausea is always present, I think it best to give as little medicine by the mouth as possible. Buttermilk is usually well borne by the stomach. Patients as a rule like buttermilk better than soups, broths, etc. Sometimes convalescence is slow, but in the majority of cases it is rapid. In a few cases patients will have a continued fever for several days after the urine has cleared up. As a rule after the patient becomes convalescent he has a morbid appetite and if allowed to eat all he wants he is liable to have a relapse. The suffering in this trouble is intense. A great many doctors are very much averse to giving any kind of opiates at all to relieve the suffering. I have given an eighth of a grain of morphine quite often without any unpleasant effects. The patient will certainly feel grateful for an hour's rest. Unless you give the patient something to relieve this intense suffering he suffers the tortures of the damned. If he happens to drop off to sleep he does not rest; he has nightmares and all kinds of bad dreams. While he is awake there is certainly no rest for him. During my first attack I begged my attending physician for two hours one day to just give me a small dose of morphine, but he refused me saying it was contra-indicated on account of stopping up my secretions. The patient should have plenty of good cool water to drink. In fact he should use water freely internally and externally. Sparteine is used by some to support the kidneys and also the heart. I have never used it. This disease is not so fatal as it was a few years ago. Whether we know better how to treat it or it is becoming more mild is a question I am not able to answer. When our country is properly drained and people learn how to clean up and keep clean this disease will be a thing of the past. As long as we have stagnant water all around us and decaying vegetable matter we will have malarial and other troubles. In the Delta where the negro population predominates it is impossible to make advancement in the way of hygiene. They don't believe that a mosquito has anything to do with the spread of malaria.

The mortality with me in this trouble has been about twenty per cent. It is well to look after your patient during convalescence and make him take proper care of himself. You will make no mistake by putting him on an anti-malarial tonic to prevent a recurrence of the trouble.

*NEURASTHENIA.

J. W. PRIMROSE M.D.,

CLARKSDALE.

The subject of neurasthenia is a broad one and is deserving of more attention than it is receiving at the present time from the hands of the medical profession. It frequently unwittingly receives a great deal of attention from Christian scientists, osteopaths, mechano-therapeutists, etc., and this condition of affairs is to some of us an object of no little amusement and oftentimes chagrin. While there is some good in all things, I am nevertheless led to believe that if neurasthenia was eliminated from the category of diseased conditions, these cults would have but little excuse for existing.

The few remarks made here are purely theoretical and based upon clinical manifestations.

There are certainly family and racial characteristics of the external organs, such as shape and size of the lips, nose, etc., and for that reason there must be the same family characteristics of the internal organs and this is, I believe, a predisposing factor to diseases of certain organs in familes and races. Basing an opinion upon the above theory, the shape, size or relation of the nervous system, either a part or as a whole, must be a predisposing factor to neurasthenia, and since there is this physical difference, there must be a point of tolerance to strain of same.

In those who are weakest this point is reached at the first change of the life of the individual, namely puberty. As another example of this, two individuals may have the same pathological condition of the same duration, one will develop neurasthenia and the other will not.

The next question is, what produces this strain or exhaustion? The answer is any agent which acts as a continuous irritant or drain to the nervous system.

A classification of neurasthenia is of not so much importance but as good a classification as any would be: first, those whose point of irritation is from without the body, and secondly, those whose point of irritation is from within the body.

As examples of the first class may be mentioned those due to business or social worry and of the second class, gastric ulcer, puberty, chronic malaria and posterior urethritis.

Neurasthenia is a functional disorder and is a symptom of some irritation from without or within the body.

* Read before the Clarksdale and Six Counties Medical Society.

Our literature on nervous diseases makes no claim that it is productive of lesions, but I believe that it will in time produce tissue change, which is brought about by loss of normal blood supply to tissues, due to an exhausted vasomotor system, or, in the terms of the mechanic, the governor of the vasomotor system is out of gear. The blood supply to tissues in this condition is seldom normal, the blood vessels being either dilated or contracted. Long sleeps at a time are most harmful for a neurasthenic, as there is then an over-dilatation of the blood vessels, causing an engorgement of some organs, and an anemia in others; this condition producing the most prominent symptom of neurasthenia, namely: digestive disturbances, and from the fact that this is so prevalent I do not see our way clear in saying that it is always the cause of and never the result of neurasthenia.

Headache is another common symptom which is a result of faulty blood supply, and not infrequently is added autointoxication from indigestion.

The diagnosis is difficult and is more easily made by a physician who is not personally acquainted with the individual in question. Base the diagnosis upon the little things such as an easily dilating pupil, gait, expression, movements and, above all, vasomotor disturbances, indigestion and headache.

It will gradually dawn upon you that the nervous symptoms are out of ratio to the amount of pathology found. All means possible should be brought to bear upon the exclusion of causes which are to be found within the body.

The prognosis depends upon the cause, duration, family history, age of appearance, environment and the physician.

The treatment is of course to first remove the cause when possible. Get the patient's confidence, then keep uppermost in the mind the condition of the vasomotor system. Plenty of sleep in small doses, never over seven hours at one time, plenty of any food which is desired should be partaken of at least five times a day. All stimulants or depressants of any kind should be eliminated. Add physical and abstract mental work. Care should be used in extremes in temperature, either in regard to the bath, drinking water or climatic conditions. A tolerance to sudden changes in temperature is a good index to the condition of the vaso-motor system. In regard to the use of drugs in neurasthenia alone I cannot see where any good could be obtained, excepting some drug given at bedtime which would not produce mental excitement and would act as a vasotonic for a period of six or eight hours.

Mississippi State Medical Association.

President J. W. Young has invited Dr. G. A. Hendon of Louisville to deliver the annual oration and the invitation has been accepted. Dr. Hendon, who is a Mississippian by birth, is not only a teacher of surgery of considerable note but has quite a reputation as an orator, so that the members have quite a treat in store.

The program committee will begin work March 10th. and all section chairmen are requested to have their programs in the secretary's hands by that date. It is a little earlier than usual but the date has been advanced at the request of a number of members who believe that the programs should be out earlier than is customary.

COUNTY SOCIETY NOTES.

The following societies have elected officers for 1911:

Amite: W. R. Brumfield, Gloster, president; H. L. Lewis, Street, vice-president; W. J. Lamkin, Gloster, treasurer; R. M. Butler, Liberty, secretary and delegate.

Prentiss: R. C. Cunningham, Booneville, president; D. T. Price, Booneville, secy.-treas.; W. H. Burress, Baldwyn, delegate.

Scott: J. P. Burnham, Lake, president; W. C. Anderson, Forest, secy.-treas.; J. J. Haralson, Forest, delegate.

Warren: H. B. Wilson, president; E. F. Howard, secy.-treas.; W. B. Daugherty, delegate—all of Vicksburg.

Yazoo: J. W. Ellis, Benton, president; E. G. Parke, Redmondville, vice-president; S. W. Purifoy, Yazoo City, secy.-treas.; W. D. McCalip, Yazoo City, delegate.

PERSONAL.

The profession in Mississippi is to be congratulated on the fact that Dr. M. O. Shivers has opened an office in Colorado Springs and those of us who have occasion to refer patients to that delightful climate will be assured of their good treatment at the hands of a brother practitioner whom all learned to admire and respect. Dr. Shivers, by being the representative of the profession in Colorado, will be of great help to our local brethren.

MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The meeting of the officers and council convened by President Young in Jackson Jan. 23rd. "at the request of a distinguished member of the council" might have accomplished something but for the injection of matters concerning which the meeting had no earthly interest except as individuals. After the "distinguished member of the council" had given the reason why he had asked for the meeting—and it was a good one —Dr. Phillips of Lexington and Dr. Leathers of Rockefeller secured the floor and then the fat was in the fire. Dr. Phillips had with him a draft of a bill on vital statistics that offered an excellent plan for some good work and a raise of health officers' salaries, and one singularly free from red tape, but entirely beyond the jurisdiction of the body or the purposes of the meeting, and then the audience sat spellbound (?) for what seemed to be a week while Dr. Leathers gave them, clothed in his usual forceful and graceful language, the entirely new idea that the health officers should get more money and devote more time to sanitary work. Dr. Phillips' bill was referred to a committee selected from the men present at the meeting and Dr. Leathers was thanked—by President Young —for his able address. Then there was an attempt to get the real business before the meeting but so much time had been occupied in the previous discussion (?) that nothing of real value could be accomplished. It was exceedingly unfortunate, for some of those present at the meeting had come from a considerable distance and it was rather unfair to put them to so much useless trouble and loss. It is understood that President Young will have a meeting of the legislative committee to consider Dr. Phillips' bill.

Society Proceedings.

East Mississippi Four County Medical Society, at Tupelo, on Tuesday, Dec. 17th. 1910, unanimously carried the following resolution:

Whereas Dr. G. S. Bryan, member of the State Board of Health from this district, has proven himself such an able, active and efficient officer, and

Whereas he has been so persistent in his efforts to raise the standard of organized medicine and has been so unrelenting in his efforts to subdue quackery and drive from the profession those who had not qualified themselves by passing a satisfactory examination and obtaining license, and

Whereas he has given so freely of his time and personal means in the dissemination of the doctrines of preventive medicine,

Be it resolved, (1) That this society endorses his re-election to a man, and most respectfully asks the co-operation of all the state societies in effecting it at the next meeting of the Mississippi State Medical Association, by instructing their delegates to vote for him.

Resolved, (2) That a copy of these resolutions be ordered printed and furnished each society of the component societies and ask that it be read to the society at the first meeting after its receipt.

Respectfully,

R. M. Boyd,
L. C. Feemster,
C. T. Keyes,
Committee.

East Mississippi Four County Medical Society met Jan. 17th. at the court house in Houston, Dr. Elkin in the chair. Excellent papers were read by Dr. J. C. Walker of Houlka and Dr. J. O. Gurney of Tupelo. Discussion was quite free. Dr. G. S. Bryan of Amory delighted all present by a discourse on "Toxines and Antitoxines: What are they? When and where formed. Meaning of Incubation Stage. Danger from the use of Diphtheritic Antitoxine". Dr. Guice of Montpelier was elected to membership. The meeting was great and would have been greater but for limited time.

F. J. Underwood.

Lauderdale County Medical Society was re-organized on the night of January 26th. The following officers were elected

for the ensuing year: J. M. Guthrie, president; G. W. Stephens, vice-president; S. H. Hairston, secretary-treasurer; J. E. Seale, censor; W. W. Reynolds, delegate. After the meeting was over the society adjourned to Taft & Weidman's Cafe where a brilliant banquet was served. This was the largest meeting in the history of the society and from the present outlook and the speeches heard the society promises to do good work in the future.

J. H. Hairston.

Leflore County Medical Society has elected the following officers for 1911: T. B. Holloman, Itta Bena, president; A. G. Trotter, Greenwood, vice-president; W. B. Dickins, Greenwood, secy.-treas.; I. B. Bright, Greenwood, censor; F. M. Sandifer, Greenwood, delegate; E. W. Hunter, Greenwood, alternate delegate.

W. B. Dickins.

Marshall County Medical Society announces the election of four new members: L. A. Barnett, Chulahoma; N. E. Greene, Holly Springs; R. H. Pegram, Potts Camp, and I. B. Seale, Holly Springs. The officers for 1911 are: N. G. Gholson, Holly Springs, president; G. E. Johnson, Hudsonville, vice-president; W. C. Elliott, Holly Springs, secy.-treas.-delegate; G. E. Johnson, Hudsonville, alternate delegate; N. E. Greene, Holly Springs, censor for three years.

W. C. Elliott.

Tri-County (C.-P.-L.) Medical Society met at Brookhaven Tuesday, Feb. 7th., with the following members present: Arrington, Beacham, Crawford, Dampeer, Frizell, Flowers, D. W. Jones, Johnston, Klotz, E. S. Little, W. L. Little, Lampton, Magee, Neville, Purser, Patterson, Ratliff, Rowan, G. W. Robertson and Thompson. Pneumonia was the general subject for discussion, and papers were read by Drs. Johnson and Klotz. Others on the program were absent. A general discussion ensued in which all took part, the symposium being ably directed by the president, Dr. Dampeer. Attention being calleld to an error in supposing that our delegates hold over, and hence were not elected at the December meeting, the following members were nominated and elected: D. W. Jones, W. L. Little, W. D. Beacham. Dr. Rowan offered a resolution looking to a system of vital statistics in our territory, which was adopted as the sense of the meeting. Dr. Flowers proposed a resolution that a committee of three from each county be appointed by the chair as a local legislative committee, to confer with prospective candidates for the legislature and ascertain their views on mat-

ters pertaining to medical legislation. It was suggested that the secretary make public, through the *Mississippi Medical Monthly,* this action of the society, and suggest to other local societies similar action. Our society seems to have taken on new life under the inspiration of the new officers and is determined to sustain its reputation as being the best working local organization in the state. About twenty-five to thirty per cent. of our membership attend regularly and we have hardly a man who will not rise and give his views on any subject when called on by the presiding officer. We challenge any society in the state to show a better working record.

D. W. Jones.

Book Reviews.

A HANDBOOK OF PRACTICAL TREATMENT. In three volumes. By seventy-nine specialists. Edited by John H. Musser M.D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelly M.D., Assistant Professor of Medicine, University of Pennsylvania. Volume 1: Octavo of 909 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1911. Per volume: cloth, $6.00 net; half morocco, $7.50 net.

The first volume of the work on treatment by Musser and Kelly, the publication of which was announced in these pages a couple of months ago, and which has just issued from the press of W. B. Saunders Company, fully realizes all expectations. It contains discussions of the fundamental principles of therapeutics, preventive treatment, general principles of dietetics and dietectics of infancy, general principles of drug treatment, of serum and organotherapy, the rest cure, the work cure, psychotherapy, exercise, massage, mechanotherapy, hydro- and balneo-therapy, climatotherapy and health resorts, artificial aerotherapy, electrotherapy, radiotherapy, miscellaneous therapeutic measures, the general care and management of the sick, food intoxication, poisoning by reptiles and insects, drug poisoning and drug habits, sunstroke, diseases of the blood, of the lymphatic system and the ductless glands and the surgical treatment of the thyroid and parathyroid glands. The subjects are handled in masterly style and the book, considered as a whole, is an excellent exponent of the type of book that has come into vogue in recent years—each subject being handled by a man specially qualified for his task. It is safe to say that the three volumes will form a work on treatment superior to any yet produced.

J. W. YOUNG M.D., Grenada

PRESIDENT MISSISSIPPI STATE MEDICAL ASSOCIATION

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*THE PUERPERIUM.

L. C. FEEMSTER M.D.,

NETTLETON.

I have chosen the third period of obstetrics as the subject of this paper, not because I have anything new, but for the reason that I have had the sad misfortune to see it the most neglected of all the periods of obstetrics, and in saying it is the most neglected I am also convinced that the whole obstetrical life of ninety-nine per cent. of the good women of this great state are woefully and criminally neglected at all periods, from the beginning of the pregnancy until lactation is terminated; and I bring myself under condemnation with the rest of the negligent physicians of the state.

The average physician when engaged for the obstetrical period does occasionally examine the urine of a pregnant woman and advise loose bowels, loose clothes, moderate exercise, cheerful company, the cultivation of a cheerful disposition; then when called to the bedside of the anxious patient does his all to lighten the burden of fear and pain with which the expectant mother is laden; but as soon as labor is over how little does the average attendant do to prevent the multiplicity of troubles that are to come from a neglected puerperium?

When the placenta is expelled, that moment labor has terminated, and then begins nature in her masterful effort to restore the organs and systems which have been in an active state for nine months before to their normal condition; there is destroyed in a few weeks what it has taken months to build up, and at the same time, and equally rapid, there is growth and repair.

The raw surface of the uterus with the wounds of the vagina and vulva are open avenues for the entrance of pathogenic bacteria and their toxins, and the individual seems especially sensitive to unfavorable external influences, both physical and mental; hence this is the period most beset with difficulties

*Read before the East Mississippi Four County Medical Society.

and dangers and most likely to be marked by accidents and complications.

The preventive and curative management of these complications is one of the most, is not the most, difficult part of the obstetrician's responsibilities.

It matters but little to us whether involution comes by a fatty degeneration, a muscular atrophy, or a conversion of the muscular fibers into peptones, or the death of the endometrium by a lessened blood supply from the contraction of the uterus; but whether we make a careful and systematic examination of our patient as soon as labor has ceased, and thoroughly understand the conditions we have to contend with, it matters much. If we had to contend with a people that were like the primeval inhabitants in this country, whose women caused not to halt the marching band, but simply retired to the bushes, gave birth to the infant, cut the cord, dressed the child, plunged into the nearest stream to cleanse herself, then mounting her pony, her babe swung across her back, rejoined her tribe, we would cease to worry about the puerperium; but since we are living in a time when much of the physical vigor of the primitive woman has given way to the more artificial life of laces, stays, corsets and mental culture, the management of the puerperium should be a most vital question to every physician who dares do any obstetrical practice.

The prevention of sepsis must be the first thought of the puerperium as well as that of labor, therefore there should be no relaxation of the efforts against the pathogenic bacteria that were begun at the time of beginning labor, and the attendants should be carefully and minutely instructed as to the cleanliness of the room, clothes, bedding, pads and waters used in making the toilet of the lying-in woman.

Then let's all begin our examinations anew and not be content with a simple, superficial digital examination of the skin between the vagina and rectum, as the most of us are, but make a thorough examination, both digital and ocular, being doubly sure our hands, fingers, and I might say eyes (?) are aseptic and see if there are any lacerations of the cervix and pelvic floor.

First examine for the integrity of the levators and by placing the forefinger in the vagina to the second joint pressure is made in each posterior sulcus downward and outward toward the tuber ischii. If the muscle is lacerated, the finger sinks into a deep cleft almost or quite to the bony pelvic wall. The skin and mucous membrane do not have to be necessarily torn for the muscle to be badly torn. I mention this for I have

a few times examined a patient and found the whole pelvic floor obliterated from a submucous tear, when the physician associated with me in the case contended there was no laceration because none was apparent to the eye.

After examining the anal muscles, the integrity of the urogenital trigomen muscle and the fascia is tested by pressing the forefinger into each anterior sulcus upward against the lower edge of the pubic bone. If not torn, a muscular cushion is felt; if there is a submucous laceration of the muscle, the finger comes in close contact with the bone. The left anterior sulcus is usually the site of the injury, as the long diameter of the foetal head almost always lies in the right oblique diameter of the maternal pelvis.

After these examinations are made the cervix should be examined by pushing the finger more deeply into the vaginal orifice, after which the position of the uterus should be determined by bimanual examination, and in this way you can also carry your examination into the ligaments, tubes and ovaries.

The lying-in woman should be subjected to at least three careful exaimnations; the first immediately after labor; the second, before she is out of her room, about two weeks after labor, and the third, about six weeks after delivery.

If tears are found, and they will be in from thirty-five to sixty-five per cent. of primiparae and about fifteen per cent. of multiparae, depending greatly on their station in life, they should be repaired during the puerperium and this should be done from one to twelve days following labor and rarely immediately after labor has ceased. The results are much more satisfactory and danger of sepsis less, if the time is selected according to the amount of lochia and amount of injury.

We should give more attention to every detail of the third obstetrical period and this is offered with the hope of stimulating more interest in and more study of the puerperium as regards the treatment and prevention of suffering and many times the premature death of the mother. We should never be content to turn the humblest patient over to friends after delivery without making not only one visit, but several, and one of the best authorities advises as many as a dozen visits during the puerperium for an uncomplicated case.

Our attention should always include the mammary secretion, the bladder, the diet, the bowels, the position of the lying-in woman, her quietude and also the care of the child, which should have much more attention than we are wont to give.

"There is no valid excuse for a rectocele, injured cervix

with all its consequences including cancer, cystocele, uterine displacements of puerperal origin, prolapse, subinvolution and endometritis following child-birth, coccygodynia from a ruptured joint in labor, pendulous belly with ptosis of the abdominal walls and diastasis of the recti muscles."

All of the injuries of child-birth can be successfully repaired during the puerperium. This includes the cervical lacerations as well as vaginal and perineal, instead of permitting the patient to endure years of suffering and invalidism with such impairment of physical and nervous strength that she can never be restored to her original health.

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*AN UNTILLED FIELD IN EYE WORK.

E. C. ELLETT M.D.,

MEMPHIS, TENN.

There are many, far too many, places in the field of the practice of medicine that have been neglected by physicians, to the ultimate injury of the people and of the profession and to the advancement of certain forms of irregular practitioners. We neglected suggestion until finally Christian Science was born. We neglected massage until the osteopaths have found it advisable to fasten on it as a plan of practice. We have as a profession neglected the whole field of ophthalmology, and a school of sharps have tilled one corner of this field to their glory and profit and with small benefit to any one else. It is to this part of the question, the fitting of glasses, that I want to call your attention now, and I would particularly like to ask the younger members present to think carefully over what I am about to say.

The number of men who practice diseases of the eye as a specialty is not sufficient to attend to the work of fitting with glasses all the people in this country, even if the people wanted them to do so. Partly on account of this fact a great deal of this work, which is certainly the practice of medicine, is being done by unqualified persons, ranging from the peddler who sells glasses at ten cents per, to the so-called optometrist, refractionist, eye-sight specialist, or as one of our Memphis friends has the nerve to call himself, "eye specialist". Now this is not as it should be. This work is part of the practice of medicine, and it ought to be done by qualified physicians,

*Read before the Clarksdale and Six Counties Medical Society.

just as the fitting of all other orthopedic apparatus is done, and not by jewelry store clerks.

In 1909 the Section on Ophthalmology of the American Medical Association appointed a committee to look into this subject, and it has been found to be so important a question and one so easy of solution that I want to present it to you. This committee, consisting of Drs. Conner of Detroit, Baker of Cleveland and Thorington of Philadelphia, have found that the skill necessary to do what they term "simple refracting" is not difficult to acquire, and should be acquired by those in general practice, and for them to do so is a distinct economical gain to the general practitioner, to the ophthalmologist, to the organized profession, to the victims of eye troubles, to the art of ophthalmology and the general practice. The state boards of Michigan, Utah, Vermont and Nebraska have been so impressed with this that they now require candidates to demonstrate on a patient with test lenses that they have a knowledge of "simple refraction".

The committee referred to defines "simple refraction" as "that training which enables its possessor to (1) recognize a normal ocular fundus with the ophthalmoscope and (2) by test cards and simple lenses to determine those that give the best sight with least discomfort to simple presbyopes, myopes and hyperopes". Ability to do this opens the door to other things.

Now this can be acquired without an instructor by any physician who is willing to take a little time to it. If he is so situated that he can attend some clinic or enlist the friendly offices of some one doing eye work, the task is easier. Now why cannot a man with the preliminary education possessed by the average doctor, and further prepared by four years of study of the science of medicine, better master and appreciate and apply the principles involved in the fitting of glasses than a man of the same preliminary education, maybe, but with mind engrossed beyond that, not on the study of science, but of trade and money-making and sales. And yet these latter learn something of this work, and apply it with some success.

You can buy an ophthalmoscope for four dollars and fifty cents. A schematic eye costs about one dollar. With these you can learn an art that for diagnostic value to the general practitioner ranks with the microscope, stethoscope, sphygmomanometer and clinical thermometer. You can tell with it changes in the blood vessels by examining the blood vessels themselves in a normal state under a magnification of fourteen diameters. I have, and so has every ophthalmologist, been able to say to the patient and his physician, this man has ad-

vanced Bright's disease, this man has a brain tumor, this man has tabes, this man's parents were cousins, this man has syphilis, etc., as the result of the examination with the ophthalmoscope alone and without asking anybody concerned a single question. Now if it can enable you to do all this, I think the general practitioner can afford to learn to use it. And it is a part and parcel of this plan of having him interest himself in simple refraction, that he should use the ophthalmoscope and be able to tell this patient that his eye ground is normal and all he needs are glasses, and to that one that his eye ground is abnormal.

As for the fitting of glasses, it is proposed and found to be feasible, that the general practitioner who takes up this subject will fit presbyopes, and a great many simple hyperopes and myopes, that he will do this honestly and carefully, and that when the intricacies of a case exceed his capabilities he will know that they also exceed those of his neighbor in the jewelry store, and advise his patient accordingly, just as every man does his minor surgery, at least, and the urinary analyses and probably blood examinations for malaria and leucocytosis, but does not care to equip himself with Widal and Wasserman tests, etc., as the few of these needed in his practice do not justify him to give the time to learning it. There will remain many cases of eye strain whose solution requires the careful study of a skilled expert in refraction, just as there are surgical cases whose management demands an expert surgeon, in a well equipped hospital and with competent trained help. Test cards and a case of trial lenses can be had for twenty-five dollars and this is all the outfit a man needs, and it does not wear out. That the attainment of this knowledge and its application is within easy reach of every general practitioner, is proven by the fact that men have done it and are to-day practicing simple refraction in general practice with satisfaction and profit to themselves. It increases their sphere of usefulness, it brings them closer to their patients, it increases their income, it protects the people from a lot of incompetent persons who are too often arrant knaves, and never equipped with any knowledge of the diseases of the organs of vision. That it will help the ophthalmologist is a side issue, but it will even do that. It will help the art of ophthalmology by interesting more men in it. It helps the general practice by bringing your patient closer to you and by broadening your view, as the acquisition of any new science will do. It is not half as difficult to learn as microscopy or physicial diagnosis, and if tedious and trying when dealt out in large doses, it is as interesting and satis-

factory as any branch of science to which one gives his time. To the established practitioner with his hands full, I do not speak. To the young man with plenty of time, I say that you will serve your best interests when you look carefully into this matter and take up its study.

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*THE COUNTY SOCIETY.

A. J. NEWMAN M.D.,

ACONA.

In making out a program for this meeting of our society the writer felt that it would be incomplete if something commendatory could not be said of the county society. I do not mean our county society alone, but have reference to the county society wherever it exists; the primary unit in medical fraternalism, a potent factor in revolutionizing medicine in this the twentieth century.

This youngster, only a few years old, made his appearance at an opportune time. His health seems to have been good for he has grown rapidly, and at even so early an age seems to be claiming a good deal of attention. I have never heard of his having entero-colitis or rickets.

The county society should be upheld by every country doctor. Each of us should endeavor to build up our county society, and in so doing will receive benefits that we cannot obtain in any other way. The county society is the elementary or common school of medicine, the one in which we are all entitled to matriculate; in which, if we do not enter, we can go no higher in association work. But this alone should not be the only motive why we should be members of the county society. We have a life work before us, a duty to perform, a record to make and if we avail ourselves of the opportunities at hand the end that we should strive for will be the more easily obtained.

In the county society we come in contact with professional brethren who are engaged in the same section of the coutnry, in the same line of practice as ourselves. The general practitioner in the country understands the needs of his brother physician and is in a position to help him more than physicians under other circumstances. The country doctor is becoming more and more an important part of the medical profession. He is looked upon with respect by the city brother and all-wise

* Read before the Holmes County Medical Society.

specialist. Instead of being the pill and powder dispenser that he used to be considered he is fast becoming the educated, scientific physician he should be. I consider him the bone and sinew of the medical anatomy; the true and tried private who turns toward victory many, seemingly, lost battles.

It was my privilege, recently, to hear a eulogy on the country doctor in which the city brother seemed to envy him the fresh air he breathed; the quiet of the country, away from the humdrum and ceaseless noises of the city; the confidence that his people and patients repose in him and, although the compensation many times is not commensurate with the amount or quality of work done, the very fact of being situated as he was in a measure made up the deficiency. He said: "I envy the country doctor". Yes, I do not have to stretch my imagination very far to understand how that the ceaseless struggle of the city brother for supremacy is conducive to atrophy of the hair follicles, but if you will follow my country doctor at midnight down through the country and over that second hollow behind the big hill fifteen miles away from consultation, with a cotton wick flickering feebly in a pan of grease for a light, with some complicated medical or obstetrical problem before him, I will show you where brains and genius are developed. The country doctor has been carried along, purposely, with the county society because, in my opinion, it is the greatest means of stimulating him to go deeper into the mysteries of medicine and to soar higher into the atmosphere of medical practice and medical ethics where only "Angels dare to tread".

Oratory and eloquence have always had an enchantment for me, and music has been said to be able "To split a rock or melt a cabbage", but I want to ask you what is more eloquent or harmonious than the well-rounded-out gentlemanly doctor. He belongs to an elevated profession. In vain would the other professions try to anoint his feet and wipe them with their hair; because he stands so far above them they cannot reach him.

Now, if we are to improve and live up to the high name we are fast making for ourselves, let us, among other things that we can do, begin to work for and in our county society. Here we can meet and get acquainted with our professional brethren. Here we can relate our successes and our failures. Here we will gain food for thought that will make us delve more deeply, more earnestly, into our books than ever before, for we will be searching the Scriptures, so to speak, "To see if these things are true". The county society will be exactly what the individual members of the profession make it, and

each one will receive in proportion to the amount of thought and energy put forth to give to others. While the Holmes County Medical Society has not been as active in the past as it can be, and I hope will be in the future, I can truthfully say that it has been of untold advantage to me, at least, in two ways: First in the preparation of papers, whether these have been of any benefit to anyone else or not remains for others to say, but they have caused me to buy more good books, to read more, to study more and, in short, feel that I am a better man, a better doctor, by having come in contact with the county society. Second by the ideas and advice of others. We have had papers read before this county society which were not to be surpassed by those of larger associations, and which could not help but be of benefit to anyone with an attentive ear. When we fail to do what we can for ourselves and our profession, we fall short of our opportunity, and we will never know who have suffered by it. It is our duty to do all we can to elevate our profession. If we are narrow we should expand our ideas and raise our ideals. If we are selfish, we should enlarge ourselves and let the broad mantle of charity fall on others. The best way I know to purify the profession is for each one to cast the beam from his own eye. I would not close this paper without referring to the business side of the proposition. The main reason, in my opinion, why some of us are not better doctors is because we are not properly compensated for our work. This if properly handled can be remedied to some extent in our county society.

"The business side of the doctor's life" will be considered in another paper, but I want to refer to it in passing. Those who do not pay their medical accounts are as able to do so as those who do, and it is a gross injustice that we should be called upon to furnish everything and work on "shares". Some doctors, it is true, are better business men than others, just as in any other line of business. This is just what I wanted to say. Let them come forward in the county society and give us advice that we who are less fortunate may improve by their methods.

In the rapid march of progress we are oftentimes confronted with needed reforms. These can be better dicsussed in the county society than anywhere else. Your humble servant is not much of a believer in resolutions, unless they are carried out. But with the ushering in of New Year they are forced upon us. May each of us adopt something like this: that we will give our hearty co-operation and will assist in any way we can to make our county society a success. If we do this

I will not be wrong in prophesying that ere long it will be an institution we would not do without and of which we wll feel justly proud.

Mississippi State Medical Association.

K. OF P. HALL, JACKSON.

The House of Delegates will hold its first session in K. of P. Hall at 2 P. M., April 10th. Subsequent sessions will be arranged by the House.

The general meetings will be held in the K. of P. Hall, beginning at 9 A. M. April 11th. at which time the invocation will be made by Rev. A. F. Smith of Jackson. The sections on pediatrics and hygiene will occupy the morning, that on bacteriology the afternoon and the public meeting will occupy the evening. At this last there will be the addresses of welcome —for the city of Jackson by its mayor, Hon. A. C. Crowder, and the Hinds County Society by Mr. A. H. Watkins—and the response to the addresses by Dr. H. M. Folkes. Then will come the president's address which will be followed by the annual oration by Dr. G. A. Hendon of Louisville, Ky. Dr. Hendon is a Mississippian by birth and spent his early professional life here.

The Wednesday morning session will be devoted to the materia medica and eye, ear, nose and throat sections, the afternoon to obstetrics and the evening to surgery. The section on medicine, an unusually full program, will occupy Thursday morning and as much of the afternoon as may be necessary for its completion.

In addition to a good collection by our own men there will be some visitors well worth hearing. In the section on hygiene there will be Dr. W. A. Evans of Chicago, in materia medica our good and valued friend Dr. Frank Jones of Memphis, in bacteriology Dr. Gustav Mann of New Orleans, in eye, ear, nose and throat Dr. Henry Dickson Bruns of New Orleans, in surgery Dr. Willis Campbell of Memphis. The committee has spaced these attractions as much as possible so that on each day there will be something of especial note on the program. Thursday's work, only, does not contain the name of a visitor of note but those who attend that day will feel fully repaid since the section on medicine begins with a paper by H. L. Sutherland of Rosedale and includes a number of our most forcible speakers.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.

S. MYERS M.D., Business Manager.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Concerning the editorial comment on the meeting at Jackson in January that appeared in our last issue, a prominent member of the Association has written the following: "Say, man, what for you roast Leathers and Phillips (and Young) so? Really that was fierce."

We beg to assure our readers that no personal reflection was intended and that we are sorry if any one put that construction on what was said. It was written in a spirit of regret that the object of the meeting, the purpose for which it was called, got side-tracked by other matters that in our opinion were not pertinent and are of far less importance to the welfare of the Association.

In another column we publish some comments on the History of the Mississippi State Medical Association. The secretary at first intended keeping such criticisms as might come to himself but Dr. Folkes' letter was accompanied by a request that it be published and it was such a hard blow that the secretary felt that he could not let it go in alone. He wishes, furthermore, to re-state what Dr. Purifoy's letter shows was not sufficiently emphasized in the preface—that he received a great deal of encouragement and assistance, credit for which is given in the text, without which the work would have been impossible.

Members of the House of Delegates are requested to note that the House convenes at 2 P. M. April 10th. This is earlier than has ever been the case before but is in strict accordance with the by-laws, and the committee, President Young and Dr.

D. J. Williams, chairman of the Council, believe that the purposes of the Association will be best served by thus releasing the delegates earlier and enabling them to participate to a greater degree in the scientific work.

J. W. Young.

John William Young, president of the Mississippi State Medical Association, whose likeness we present to our readers, was born October 27th. 1846, in what was then Carroll, now Montgomery County, Mississippi. His father, Samuel Hart Young, was from Albemarle County, Virginia; his mother, who was Catherine W. Small, was from Tipton County, Tennessee. Both were early settlers in Carroll County, somewhere in the thirties. Dr. Young attended the "old field schools" of that day and time up to June 1863, when he entered the Confederate army, under Forrest. He was captured at Salem, Ala., April 1865 by Wilson command in Forrest's last fight, was paroled at Columbus, Ga., April 10th., and returned from there to Carroll County and went to work on the farm, studying medicine in his leisure moments. He entered Tulane University in the fall of 1867 and graduated from there in March 1869, settling in his native county, where he practiced until January 1890, moving thence to Grenada, where he still resides and is still in active practice.

On February 20th. 1873 Dr. Young married Miss Molly L. McCain, of Carroll County, whose ancestors were North Carolinians and whose father was president of a female college at Columbus, Miss., somewhere in the fifties, and from this union there are eight living children—two boys and six girls.

Dr. Young was a member of the "Ku Klux Klan" during the reconstruction period and did his dead level best to get the "negro's feet off the white man's neck". He was chairman of the Democratic Executive Committee of Carroll County from 1882 to 1890 and chairman of the County Prohibition Executive Committee. In 1888 he was delegate from his Congressional District to the Democratic National Convention; that which nominated Mr. Cleveland for his second term. He is a member of the A. M. A., of the Winona District Medical Society, of the American Association of Railway Surgeons, of the Joint Association of I. C. and Y. & M. V. and Indianapolis Southern Railway Surgeons and has been a member of the Mississippi State Medical Association since 1877. In 1882 he was president of

the Carroll County Medical Society. Dr. Young has been for a number of years one of the leading members of the State Medical Association and his popularity was attested at the 1910 meeting when, being nominated for the presidency, he won from a strong field on the first ballot. He is a member of the Presbyterian Church and several secret orders and has been chief health officer in Grenada for the past twelve years.

Letters to the Secretary.

Gulf Coast Health Resort,
Biloxi, Miss., March 13th. 1911.

Dr. E. F. Howard, Secretary M. S. M. A.,
Vicksburg, Miss.

My dear Doctor:—

"Oh, wad some power the giftie gie us to see airselves as ithers see us!"

Since 1900, at which time I turned over to the State Medical Association *the Journal of the Mississippi State Medical Association,* I have fondly hugged to my breast the delusion that I had done something for the Association.

Your history of the Association, however, convinces me that I must have dreamed that in 1898, when I took charge of the journal, the Association was in debt one thousand five hundred dollars and by virtue of having its *Transactions* printed for nothing in the journal, which was self-supporting, the Association was by 1900 entirely free from debt.

Several months ago in one of the issues of the *Monthly,* I read the few lines devoted to the fact that a journal had been published by the Association, and upon reading the notice was upon the verge of writing you a letter calling attention to the facts as above outlined, but I thought best to wait and see if any solitary member of the Association would rise to express any sort of appreciation for the nearly three years of constant —and certainly unappreciated—toil upon my part in getting out the journal.

To this day, I have no knowledge of a single member of the State Medical Association even saying "Damn you, Folkes".

I do not give a continental hurrah now about any thanks, but I do think that history should be accurate and explicit

enough to say who had done the work which resulted in restoring the Association to an independent position.

I will, if anyone so wishes, admit that the journal was not the best in the United States, but by the Eternal nobody did any of it except Folkes.

With the single exception of two papers by Sutherland and some one else, I do not recall ever having had one millionth part of a degree of assistance in getting out that journal.

Now, my dear Doctor, I am not blaming you for the omission, as you were not much interested in Association matters at that time, if my memory is correct, but I do feel hurt that none of the "Old Guard" cared enough about it to make the correction, and left it to me to fight for truth about a matter that, what little modesty I myself may have, refrained action on my part until I felt that justice and fairness demanded the facts.

In conclusion, it might be well to emphasize the fact that, not alone have I received no thanks, but not one penny did I ever receive for the work done in getting out the journal from February 1898 until about July 1900.

Respectfully,

H. M. Folkes M.D.

Comment. An oversight of this sort, regrettable in the extreme, but emphasizes the statement made in Dr. Folkes' letter that we are too apt to leave things to other people. I joined the Association in 1903, three years after the doctor doffed the editorial toga, and so knew nothing personally of his services. The history was run in the *Monthly* in order that the older members might comment on its imperfections, and had the doctor but done as he, during his editorship, wished others would do, no one would have been gladder than I, his warm personal friend, to accept the amendment.

E. F. HOWARD.

Roff, Okla., March 13th. 1911.

Dr. E. F. Howard,
Vicksburg, Miss.

Dear Doctor: Accept many, many thanks for the nice copy of the "History of the Mississippi State Medical Association". It is well gotten up and does credit to the Association. While memory lasts I shall never grow so old that I'll not feel an abiding interest in the welfare of the Mississippi State Medical Association.

Yours with sincere regards,

J. W. Gilbert.

Comment. Dr. Gilbert was president of the Association in 1896-7.

Baldwyn., Miss., March 14th. 1911.

Dr. E. F. Howard,
Vicksburg, Miss.

Dear Doctor: The History of the Mississippi State Medical Association has just reached my desk and after eagerly searching the contents I am more anxious to become a member than ever and take advantage of this opportunity to offer my application for membership.

* * * * * *

J. A. Hughes M.D.

Nettleton, Miss., March 22nd. 1911.

E. F. Howard M.D.,
Vicksburg.

Dear Howard: Received the history in great shape. Could not be improved on * * * * have serious doubts as to whether it could be equalled. Don't take this as surface flattery for I assure you that I am altogether sincere in the matter.

* * * * * *

Faithfully yours,
T. J. Underwood.

Yazoo City, Miss., March 17th. 1911.

Dr. E. F. Howard,
Vicksburg.

Dear Doctor: I am in receipt of the History of the Mississippi State Medical Association sent by you several days ago. Many thanks for this courtesy. It is a monument to your untiring and devoted service to the Association.

Hoping to have the pleasure of seeing you soon, I am, with sincere regards,

Very truly,
S. W. Purifoy.

Society Proceedings.

Choctaw County Medical Society met and was called to orderd by its president, W. D. Arnold, in his office at Ackerman February 22nd. A. E. Reed was appointed secretary *pro tem.* Under proposals for membership the names of Drs. J. R. and J. W. McClain were handed in and after ballot they were declared members. On motion and second the society did away with the regular order of business and went into the election of officers for 1911 with the following results: R. K. Prewitt, President; W. C. Linch, Vice-President; A. E. Reed, Secretary-Treasurer; J .W. McClain, Delegate. After discussion of ways and means of making a better county medical society the society adjourned. A. E. Reed.

Clarksdale and Six Counties Medical Society met March 22nd. with fifty members present as well as visitors from Memphis, Yazoo City, Winona, Greenville and other points. Dr. R. L. Mercer of Shelby presided, with L. E. Pierce of Stovall as secretary. The following program was freely discussed: Vomiting In Pregnancy, L. L. Minor, Hollywood; The Value Of Enemata In General Practice, L. B. Sparkman, Cleveland; Reports Of Cases Of Meningitis, S. T. Wells, Alligator; Lobar Pneumonia In Infancy, B. H. Booth, Drew; Mississippi Medical Practice Act As Compared With Other States, T. A. Carder, Lula; Report Of A Case Of Malarial Hemoglobinuria, F. M. Brougher, Belen; A Plea For The Protection Of The Innocent, H. C. Buck, Friars Point; Eclampsia, E. L. Robertson, Sunflower; Pathology And Practical Treatment Of Eclampsia, J. L. Andrews, Memphis; President's Address, R. L. Mercer, Shelby; Cranial Surgery, J. W. Barksdale, Winona; Conservative Treatment In Case Of Ruptured Kidney With Successful Recovery, A. W. Rhyne, Beulah; Tonsillectomy Vs. Tonsillotomy, W. L. Howard, Greenville; The Surgical Treatment Of Stomach and Duodenal Ulcers, E. M. Holder, Memphis. The following officers were elected for the fiscal year: President, A. G. Everett, Friars Point; Secretary and Treasurer, T. M. Dye, Clarksdale; Vice-Presidents, F. M. Dooley, Bolivar; W. W. Stuart, Coahoma; D. W. Coker, Tunica; S. C. Cowan, Quitman; S. D. Robinson, Tallahatchie; W. B. Harrison, Sunflower; Delegates State Association, A. M. Wynne, Bolivar; T. G. Hughes, Coahoma; F. M. Brougher, Quitman; R. C. Smith, Sunflower; T. F. Clay, Tallahatchie; M. J. Alexander, Tunica; Censor, R. L. Mercer, Shelby. The annual dues of the society

were increased to four dollars. The following were elected as members of the Auxiliary Legislative Committee: A. W. Rhyne, J. T. Longino, F. M. Brougher, B. H. Booth, W. A. Prince, L. L. Bankston. This is the largest and best organized local medical society in the state both in membership and attendance, and their semi-annual meetings in Clarksdale have done much to advertise our town throughout the Delta. The Elks have graciously tendered the use of their handsome home for these meetings. Hon. Earl Brewer was present and delighted the doctors with his wit and eloquence.

T. M. Dye.

East Mississippi Four County Medical Society met in Aberdeen February 21st, Dr. Elkin in the chair and the following members present: Bryan, Grady, Anderson, Gurney, Basham, Tubb, Durley, Dilworth, Sims, Acker, Coleman, Boyd and Goyer. Drs. W. W. Bryan and W. Darricott were unanimously elected to membership. The first paper was by Dr. Goyer who discussed "Obesity: Its Relation To Other Diseases And Its Significance". Drs. Durley, Boyd and Bryan took part in the discussion. This was followed by a paper on "Tuberculous Peritonitis In Children" by Dr. J. M. Acker, who reported a case that had come under his observation. Discussion by Drs. Bryan and Durley. The concluding paper was by Dr. W. J. Grady: "Therapeutics Of Galvanism—Report Of Cases." Discussion was quite general. T. J. Underwood.

Harrison County Medical Society met at Gulfport February 14th., Dr. G. Frank Carroll in the chair and the following members present: Carroll, Mohler, Folkes, Parker, Morris, West, Welch and Galloway. Dr. Folkes reported an interesting case of diphtheritic laryngitis. Dr. Parker reported a case of abscess of the liver, the tumor being movable on outward examination; also a case of pellagra that was most probably transmitted by bed bugs. Dr. Folkes reported a case treated with iron, quinine and strychnine that was improving rapidly. He had advised her to go a northern climate to spend the summer. Dr. West reported two cases of shiga fever. Dr. Galloway presented an instrument for the catheterization of the lungs and asked for criticism and suggestions, the object of the instrument being to treat locally by the mouth abscess of the lungs in tuberculosis, with antiseptic solutions, and suggested that sulphuric acid might be the best antiseptic to use. Dr. G. S. Bryan was endorsed for re-election as a member of the State Board of Health. B. Z. Welch.

Book Reviews.

A TEXT BOOK OF BACTERIOLOGY. By Philip Hanson Hiss Jr., M.D., Professor of Bacteriology, College of P. & S. Columbia University, New York, and Hans Tinsser, associate Professor of Bacteriology, Leland Stanford Jr., University Palo Alto Calif. with 156 illustrations. D. Appleton & Co., New York and London, 1910. Price ——

There has long been an active demand for a volume on bacteriology, intermediate between the heavier tomes of Sternberg, etc., and the Inez Compends; one which, while strictly up to date, would give the student and practitioner a full knowledge of bacteriology without the mass of technicalities so necessary to a complete work on the subject. This volume admirably fulfills these indications for, while neglecting nothing important, they have eliminated all long tables of micro-organism and cultural details, very complete on the chapters on preparation of culture media, examination of material from patients and defensive factors of the body. The chapters on toxins and antitoxins, the technique of serum reaction, phagocytosis and anaphylaxis are clear to anyone even unacquainted with the science. Section 3 takes up the pathogenic organism which, beginning with the staphylococcus, takes up the gonococcus, the anthrax, typhoid, tubercle and all other organisms, devoting a short chapter to each. We notice but one error in the chapter on yellow fever, where the statement occurs "that the stegomyia, like the anopheles, feeds at night". We believe the reverse to be true. The whole work is of such value that comment on its completeness is almost superfluous.

S. Myers.

INTERNATIONAL CLINICS—Vol. IV. Twentieth Series, 1910. Edited by Henry W. Cullett A.M., M.D. Published by J. B. Lippincott Co., Philadelphia and London. Price $2.00.

The quarterly return of this invaluable periodical is always an event of importance, gleaning, as it does, the whole world of medicine in an authoritative way. The present volume is strictly up to date, opening with a complete description of the methods of blood examination of greatest importance to the general practitioner. by Lewellys P. Barker M.D. of John Hopkins. The article of cholera nostras is a very scholarly contribution to a much neglected subject. In the sugical sec-

tion the article by Tyrell Gray on the tecnic, aims and limitations of spinal anesthesia in the young is well worth study. J. Victor Haberman contributes a very complete article on Hypnosis; Its Psychological Interpretation that will cause many to reverse their views of this much-beclouded subject. Our old friend Jas. J. Walsh, as usual, has a most readable and illuminating article on Physicians' Fees down the ages which, like everything Jas. J. does, is cramful of knowledge. Altogether this volume is one of the very best issued and ought to be in every physician's library.

S. Myers.

PLASTIC AND COSMETIC SURGERY. By Frederick Strange Kolle M.D., with 522 illustrations in Text. D. Appleton & Co., New York and London, 1911. Price ——.

The subject of plastic surgery receives in the average textbook on surgery a casual mention, here and there, so to those who are interested in this specialty this work will be a great help. Certainly no form of facial or nasal deformity is overlooked and in these days when it is a moral obligation imposed on every one to look his best, this work should inspire some one in each community to take up plastic surgery. The day is fast approaching when injections of 606 promiscuously will create a race of arsenic and mercury-proof spirochetes, and who will help the poor unfortunates and restore their noses but the practitioner of the art plastic. The subject of hydro-carbon prostheses, or, in every-day language, paraffine injections, is very completely described and undoubtedly the last word. It is a pity that the author with such a wealth of material at his disposal and such a mastery of it, should have thought it necessary to use sixty pages with such subjects as the operating room, as though plastic surgery required a special kind of operating room. Then follows a picture of an instrument cabinet, an operating table, irrigator; even operating gowns are illustrated. Sutures and antiseptics next claim his attention (By the way, he says carbolic acid is phenylic acid, which it is, being phenol and alcohol), as do wound dressings. Then follows a disquisition on anesthetics in none of which there is anything new or in any way pertaining to plastic surgery and is plain padding and ought to be cut of the next edition. But, oh! my! on page 51, we meet an old friend, one not mentioned by many authors nowadays—yes, indeed, we learn that "Laudable pus is the natural secretions from wound flaps". The world

do move, but some of us stand still. On page 461, there are two examples of bad taste; two cases are cited, one had been operated on unsuccessfully by Dr. S., the other unsuccessfully by Dr. N., both cured by me. It is doubtful if recent medical literature contains any gems like the above.

S. Myers.

PRACTICAL POINTS IN NURSING. By Emily A. M. Stoney. 4th Edition, thoroughly revised. W. B. Saunders Co., Philadelphia and London, 1910. Price $1.75.

This invaluable book on private nursing could be used in every private family with great benefit to the family and certainly to the ease of mind of the attending physician, for it answers in easily understood language many of the questions which the family physician is so often called up to explain. It covers very fully every branch of nursing, from bed-making to giving medicines and is as necessary to a trained nurse as her thermometer. S. Myers.

BISMUTH PASTE IN CHRONIC SUPPURATIONS. ITS DIAGNOSTIC IMPORTANCE AND THERAPEUTIC VALUE. By Emil G. Beck M.D., Surgeon to the North Chicago Hospital. C. V. Mosby Company, St. Louis. Price $2.50.

The use of bismuth paste has excited so much comment in the past year or so that everyone will be glad to have a complete discussion from the originators of the method. Both as a diagnostic and therapeutic agent the paste has proved its right to a place in the surgical armamentarium and the tecnic of Dr. Beck is so simple and so fully described that no one will be excused for not making use of the method. The book concludes with a chapter on the use of bismuth paste in dentistry. It is a timely and well-written addition to our literature and we cordially recommend it to the profession.

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SAMPLES ON REQUEST.

C L 4

SURGICAL AND RECTAL DISEASES

Dr. B. G. Henning,

Professor Theory and Practice of Medicine, Memphis Hospital Medical College.
Clinical Instructor in Diseases of the Rectum, Memphis Hospital Medical College.
Consulting Physician, St. Joseph's Hospital.
Surgeon to Rectal Dept., St. Joseph's Hospital.
Surgeon to L. & N. R. R.

Dr. Max Henning,

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THE NURSING MOTHER

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Vol. XV. JULY 1910. No. 3

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Gastric Catarrh

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and this not infrequently when other remedies have proven unavailing. The reason is easily found in the general reconstructive and upbuilding influence of this effective tonic. In other words, it overcomes local conditions not only by directly promoting the functional activity of special organs and tissues, but also through substantially increasing general bodily vitality.

Thus it is that the therapeutic effects from "Grays" are far reaching and permanent—not superficial and fleeting.

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Best of all, moreover, the resulting benefits are permanent—not transitory.

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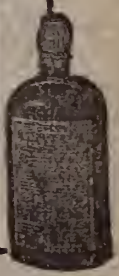
298 BROADWAY. NEW YORK



IMPORTANT NOTICE

Commencing with the New Year, 1911,

Fellows' Syrup of Hypophosphites

will be sold in SMALL BOTTLES, retailing at $1.00, as well as in those of the Regular ($1.50) Size.

The SMALL BOTTLES will contain about half the quantity of the Regular Large Bottles, and they will be obtainable from all the leading Druggists.

Physicians are earnestly requested to prescribe in ORIGINAL LARGE or SMALL BOTTLES, in order to safeguard themselves and their patients against substitution.

DEAR DOCTOR:

We wish you the compliments of the season. And to your Christmas Joys we beg to add our best wishes for a Happy and Prosperous New Year to You and Yours.

THE CHAS. H. PHILLIPS CHEMICAL CO.

Vol. XV. DECEMBER 1910. No. 8

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ESSENCE OF PEPSINE, FAIRCHILD, is prescribed by the physician with the knowledge that it is obtained directly from the secreting glands of the fresh gastric mucuous membrane; that it is absolutely, physiologically, different from elixirs, etc., made from dry pepsine, and superior for every purpose—in fortifying gastric digestion, as an aid to the administration and toleration of disagreeable drugs, a means of making good wholesome junket and whey.

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—with its train of symptoms pointing unerringly to flagging functions—
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Best of all, moreover, the resulting benefits are permanent—not transitory.

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DEAR DOCTOR:

We wish you the compliments of the season. And to your Christmas Joys we beg to add our best wishes for a Happy and Prosperous New Year to You and Yours.

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Vol. XV. JANUARY 1911. No. 9

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Vol. XV. FEBRUARY 1911. No. 10

N. Y. ACADEMY

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Vol. XV. MARCH 1911. No. 11

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